

(W/F/12/ED/COPYED)

353

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

1 :

CV00-1846

Complete items Number 1-7. If you follow instructions in preparing
your request it can be disposed of more promptly and intelligently.3
MM 1
10-25

1. TO: (NAME AND TITLE OF OFFICER) Mr. Forr /Superintendents assitant /	2. DATE 21 Apr. 2000
3. BY: (INSTITUTIONAL NAME AND NUMBER) Jeffery Moser BE4713	4. COUNSELOR'S NAME Dudeck
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT A-A-22
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. Mr. Forr, Please see Enclosed is a Hand copy of the report from the Doctor I have made this so you can reference it against the orginal and know the truth of what was said, and see the injust and suffering I must endore, So the Medical staff & Adminstraition can stay in compliance with there "Policies" which are in fact unlawfull as well civil crimes against me. I am well within my rights to Hand Copy this and any report in any of my Files, As this is America and we have the F.O.I.A. and Const. rights even if this Adminstraition elects (Pa. D.O.C.) elects to walk all over the Prisoner & Taxpayer in there actions... Please get back to me if I can be of anymore Assistance. God Bless you & Yours... <i>Jeff Moser</i>	
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)	

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

DC-804

Part II

APPEALED
SUPER - 1-16-00
W.H. Wolf

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0001-00

TO: (Name & DC#)	INSTITUTION:	QUARTERS:	GRIEVANCE DATE:
Jeffrey Moser BE-4713	SCI-Frackville	A-A22	12-23-99

The following is a summary of my findings regarding your grievance:

The decision to detoxify you from the addicting drugs was made by a team of three physicians - Dr. Maue, Medical Director for the Pennsylvania Department of Corrections and practicing psychiatrist; Dr. O'Connor, Medical Director for SCI Frackville, whose credentials include addiction specialist, and Dr. Newton, treating psychiatrist. Their decision is within the guidelines of DOC policy which specifically targets drugs like Benzodiazepines. Contrary to your belief, this is not a "Frackville policy", but a written DOC policy.

There is no documentation of any allergic reaction to other psychotropic medication - only your statement that you had one. There is abundant documentation of your adamant refusal to take anything but Benzodiazepines.

I held a personal interview with you as you requested, but you clearly stated that the only reason you requested it was because you thought that an interview would somehow make me "officially involved".

My signature attests to my involvement.

cc:

DC-15

File

Refer to DC-ADM 804, Section VIII,
for instructions on Grievance System
Appeal Procedures

SIGNATURE OF GRIEVANCE OFFICER:

Linda J. Nauroth, CHCA

DATE:

01-11-00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598(Certification of mailing) (cont'd.)
- 89 DEC 89 - (Signature)
wif by [Signature]
INTERVIEW REQUESTED / ANSWERED/COPIED

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. FRACKVILLE	23 DEC 87
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER, BE 4713	<i>Jeff Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	4-4-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I Have been on Medical Health's "asx. Medications Since THE 1980's (5) which were even reflected in my older 1989 to 1990 P.D.C. Medical Records. In THE Handwritten & Take THE same Meds. & Administer themselves as needed. "Now" Dr. Newton" has for all "All" "Medications" & Treatment, stating that I should have "Lawful way to TAKE A medication, (I Had one Allegre reaction too!) This is Medical Neglect to EVER Subject to TAKE medication Harmful to me (or) Receive No further medications (or) Treatment. - "This all seem to come out of an unwritten But well Documented Policy of S.C.I. Frackville To Discaliminate and Target certain medications such as (Admits) (Pravast) etc... These meds will not be given or Continue to be Given unless you are Received at S.C.I. Frack. Regardless of THE NEED For Such meds, Sought By Doctor Before Hand For Patients. EVEN AT THE Cost of Human Responsibility of Life! This Administration Policy Dictates MEDICAL TREATMENTS, unlawfully. I am Being refuse "any" effective mental health treatment now, I Did Not Get cured on THE Doctor's [Treatment Now, I Did Not Get cured on THE Doctor's] All Personal are yours TO TREAT Admits, Pravast, Aspirin.

B. Actions taken and staff you have contacted before submitting this grievance [Convinced with, DR. NEWTON, DR. NAMRATH,] mental Health Nurse, MR. SEMERAD, and attempt to file Grievance officially. & Hand copy REPLIED - PERSONAL INTERVIEW REQUESTED - witnessed mailing. —

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

FIR

Ms. Namrath

1-4-90

Date

DC-804

Part II

*App'led
Sept. 1-15-00
Wif: Wolf.*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0007-00

TO: (Name & DC#) Jeffrey Moser BE-4713	INSTITUTION: SCI-Frackville	QUARTERS: A-A22	GRIEVANCE DATE: 01-08-00
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The following is a summary of my findings regarding your grievance:

Your logic amazes me. Do you truly believe that Tylenol is more damaging to your liver than hard-core narcotics? No one will argue that Morphine is not "effective pain meds without Tylenol". It is. Is it the appropriate daily chronic medication for someone who is dying in pain? Probably. Is it the appropriate medication for a healthy, young man with a disc problem? Our doctors don't think so.

Yes, I did say "healthy". You do have Hepatitis C and there is documentation on your chart that Dr. O'Connor told you about it, but that doesn't mean you are "terminally ill". Dr. O'Connor could not have told you that you "can't have the Hep C treatments" because that decision has not been made. This is a complex disease with complex treatment. Decisions regarding candidates for treatment are made by a multi-disciplinary committee and I know for a fact that your case has not yet been discussed. The good news is that your liver enzymes are much, much better now than they were when you first came here in 1991.

I have made appointments for any inmate who wants to discuss Hepatitis C and I will be glad to meet with you if you like. The only thing I ask is that you leave your litany of allegations and accusations in your cell.

Regarding the MRI of your back - you are very much aware of the situation: You had an appointment; you went to have it done; they couldn't do it because you're too big to fit into the machine. We have rescheduled you for a different MRI site. What you call "stall tactics" we call waiting for an appointment - just like people on the street have to do.

A grievance is not the proper forum to request an interview with the Superintendent. You can appeal this grievance response to him if you wish, as is explained in your handbook.

cc: DC-15
File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  Linda J. Nauroth, CHCA	DATE: 01-11-00
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DC-804
PART 1Submission Witnesses
Copied Dated 8 Jan 00COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS NIT:
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0007-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. FRACKVILLE	8th Jan. 00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Jeffery Paul Moser BE4713		
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-#2	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I was recently diagnosed with Hep C. a terminal ILLNESS, I was Never told that I had this Illness , untill I found out months later on my own review of my medical file, [Never Advised BY STAFF] Now because of S.C.I.F. medication discrimination policy (unwritten but Documented) I am Being Refused Proper Pain medication Without Tylnol in it (LIVER DAMAGING AGENT) DEATH TO H.V.C. patients. Such as Oxycotin, M/s Cotton Ect. Effective Pain Meds without Tylnol. I expect Retalitory actions towards Me in the form of, Stopping all my meds for filing this Geievance Which with that I will unable to Function and in sevver Pain, Also Dr.O'Connor States I can't have the Hep. C. Treatments because of my mental History. But he JUSTHAD THE DR. NEWTON STOP ALL MY MEDS. BECAUSE THEY ARE NOT PERMITTED TO BE DISPENCED HERE & I HAVE NO MENTAL PROBLEM

ACCORDING TO HIM! A Told1 Contridiction. I Demand Proper treatment for my

B. Actions taken and staff you have contacted before submitting this grievance: Terminal Illness & Spinal Injury& Namele Stall Tactic's (H.R.I.) Failed Notifica

I've talk with Dr. O'Connor, The P.A. (s) Ms. Nauroth , wrote and awaiting court Intevention. Made Arrangment to Retain Schnader. S. H. & Lewis Pltaa. If issue not resolved, Please contact me, Superintend Interveiw requested....

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

* REQUEST Person in Title
* PLEASE ASSIGN NO. # THIS TIME

EXHAUSTED TO:

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE 4713	<i>J. M.</i>	23 DEC 99
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	A - A - 22

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I have been on Mental Health, 3 ANX. Med'cations since the 1980's which are even reflected on my older 1989 to 1992 D.O.C. Medical Records, In THE FUTURE I TAKE THE SAME MEDS, AND ATTEND COUNSELING. Now DR. NEWTON HAS CUT ONE OFF ALL TREATMENT, SAYING THAT I SHOULD HAVE "CONTINUED TO TAKE A MEDICATION I HAD ALLEGED (LIE) PRACTICALLY TOO!" THIS IS MEDICAL NEGLECT, TO REFUSE OR TAKE SOMETHING HAZARDOUS. AND BLANTANT DELIBERATE INDIFFERENCE TO BLANTON, IT SHOWS THE MEDICAL STAFF'S INTENTION, TOWARDS RETALIATION AGAINST ME. THIS ALL SEEMS TO COME OUT OF THE "SHARAH" (NOT WITH DOCUMENTED POLICY OF "SOFT TARGETING") TO DISRESPECTABLE ALMOST TARGETED MEDICATIONS, EVEN AT THE COST OF HUMAN BEINGS (INMATES) LIVES. WHICH IS AN 8TH AMEND VIOLATION. BE ON NOTICE. I DID NOT GET USED ON THE ACTIVE (HEDE AND ALL REFUSAL ARE YOURS TO TAKE?) (ME PROFESSIONALLY, 3 PEOPLE, 3 AT ALL) =

I SPOKE TO DR. NEWTON, DR. O'CAIRNE, DR. WILKINSON, MEDICAL HEALTH NURSES, - BEFORE 1ST EXHAUSTED GRIEVANCE - PLEASE REVIEW, 3 TAKE ACTION (INMATE IS INDIGENT AT THIS TIME.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART I

PLEASE ASSIGN NO. 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Lobby Mose</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-4-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I KNOW IT IS MR. FOOR INTENTION TO UNWILLINGLY STALL THE GRIEVANCE PROCESS BY NOT ASSIGNING A GUARD TO FILE THE GRIEVANCE (LIFE THREATENING) HIDING BEHIND POLICY, STATING THAT HE WANTS THE ORIGINAL OF COPIES OF ALL REQUEST SLIPS, E.E. PAPERWORK. NOW TO ADDRESS THIS ACTION MR. FOOR HAS HIS PAPERWORK AND MORE ACCESS TO GRIEVANCE FILES. THIS INMATE. HIS POLICY (INDIFFERENCE) IS SUCH THAT IF YOU "ENDURE" AS (I AM) YOU CAN NOT AFFORD COPIES AND IF YOU ARE WISE YOU WILL NOT SEND YOUR "ONLY ORIGINAL" TO HIM TO BE MISSTATEDLY LOST, BUT RATHER TO YOUR LEGAL COUNSEL, AS I HAVE RECENTLY ACCESSED. SO I VAIN THIS ATTITUDE IS DELIBERATE INDIFFERENCE, TO SAY THAT IF YOU'RE "ENDURED" YOU CAN'T POSSIBLE FILE A GRIEVANCE THROUGH MR. FOOR. AND EXPECT TO GET A GRIEVANCE NOT OR DESCRIBED, EVEN IN LIFE THREATENING MEDICAL SITUATIONS. THERE ONLY CLAIMS ARE *

B. Actions taken and staff you have contacted before submitting this grievance:

Sent copies to A.C.L.U., 3 ATTORNEY, 3 COMPLIANCE - THOUGH ORIGINALS SENT TO COUNSEL. (3RD TIME I ADDRESS INDIFFERENCE IN ACCESS TO MR. FOOR.) * REQUEST PERSONAL INTERVIEW.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART I OF 2

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. [Redacted]

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	S.C.E. FRANKVILLE	
MOSER BE4713	INMATE'S SIGNATURE	27 Dec 99
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	4-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

*For my Personal Safety, As the Past employed Threat may Days Towe! Now to Date, (Off. SWADEL) (2nd shift) Took my Phone time Far This week in Front of witness my TIMES ARE (8am mon, 8am wed, 1:30pm sat) THE 8am Call was Pre-arranged (Early Attorney Conference call) Planned weeks ahead of Time, this Mr. SWADEL knows meations of, Because witness & los my phone & mentioned why I NEED (2) 8am morning calls. * Upon Requesting my call at 8am, I WAS TOLD THAT Mr. SWADEL indicated & refused All my calls (3*) of Those This week, THIS are a Lie and a Blatant act of Indifference towards, So much, He must of Re-written the phone log, Because my witness & myself Saw him record my phone times. It's been facilitated that he views me as a Obstruction Lawyer and will do to many favors to Harass me! His Action Cut off all my Legal ACCESS THIS week. Now as of Filing THIS GRIEVANCE, I suppose I am going to suffer Extreme Harassment, Unlawfully. But I will not let*

B. Actions taken and staff you have contacted before submitting this grievance. *Violations of my Rights, To Detain me From exercising my Constitutional Rights, Please Review the Staff Log And make written Record of All Actions, You ARE MADE AWARE GOD BLESS YOU! Mr. SWADEL & Felt has done something else to me, But it is too Personal to attempt to feel to address at S.C.E. F., So I will ask for an informal review from the Commissioner's office, To Limit THE LEVELS of Retaliation Towards me (For Talking)*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

(1 of 2 Pages)

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number) <i>Telford M. Wess BE4713</i>	INMATE'S SIGNATURE <i>Telford M. Wess</i>	27 DEC 97
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>A-A-22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

In the past month I have been subject to harassment by my Block officer (Sergeant Szwed) and other officers, whom I brought this to the 3rd Shift Sgt. Attention folks also, I was told "you don't want to get into a Pising match with the officer" ("because we will win") Meaning if I filed Grievance, I would be harassed more, receive retaliatory miscreants etc... which is deliberate indifference and unlawful actions being taken against me, for exercising my rights (inst. 1st Amendment) in an effort to deprive me legal access (telephone) (locked (etc...)) And abuse of power and her own ~~protective~~ tactics. So before this I have started a personal file 3 Posters to stir any retaliation up towards myself, until it came to a point where, the harassment was getting out of hand - i.e. a threat to either my life, liberty or legal access or what time send my documents out to the Doc's. I consulted with my Personal Counsel, before filing this 2nd Stage Grievance (Please continue next page)

B. Actions taken and staff you have contacted before submitting this grievance:

I spoke to the following chain of people re about the problem, etc. Szwed & other Retaliatory ofc. (3rd shift Sgt. Kowalski as stated above) (Talk to ofc. Kowalski.) (Talked to my shift 27 Dec 97 Sgt.) (Talked to Sergeant Whitehouse (ATR)) All incidents, no action to rectify this situation FILED GRIEVANCE (2nd step)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

ZJ
COMMONWEALTH OF PENNSYLVANIA
State Correctional Institution
at Frackville, PA. 17931

12-28

SUBJECT: Return of Official Inmate Grievance

TO: MAYER B 84713 AA22

FROM: James R. Forr
Corrections Superintendent's Assistant

Reed All forms

This Official Inmate Grievance is being returned to you because you have not complied with the following requirement(s) of DC-ADM-804, Consolidated Inmate Grievance Review System:

Section V. Form - Grievances and Appeals

- (A. All grievances and appeals shall be in writing and in the format supplied by the institution.
- (B. Requirement of instruction number three (3) has not been met.
- (C. All grievances and appeals shall be presented individually.
Group grievances and appeals are prohibited.
- (D. Only an inmate who has been personally affected by a Department or Institution action or policy shall be permitted to seek review or appeal. The inmate grievant must sign the grievance or appeal.
- (E. All grievances and appeals must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner.
- (F. Grievances and appeals based on different events should be presented separately unless necessary to combine the issues to support the claim.

Section VII. Initial Review

- B. Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following:
 - (1. Incoming Publications, DC-ADM-814.
 - (2. Institution Disciplinary and Restricted Housing Procedure, DC-ADM-801. Initial Review decision includes the decision of the Hearing Examiner and PRC.
 - (4. Policy and Procedures for obtaining Pre-Release Transfer, DC-ADM-805.
 - (5. Other kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.
- C. Procedures:
 - (Unless otherwise specified (VII.B. of this directive) Initial Reviews must be submitted fifteen (15) calendar days after the events upon which the claims are based.

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN NO. 2

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.L. F. FRACKVILLE	12-23-99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Laffey Moan</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
		6-A-22

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I know it is Mr. Force's custom to unlawfully stall the grievance process, by not assigning a grievance id# to valid grievances (like threatening) Hiding Behind Policy, stating that he wants the original of copies of all request slips, i.e. paperwork. Now to address this action Mr. Force has said paperwork and more access to said records & files. Then inmate. His policy (indifference) is such that if you "complain" as (I am) you can not afford copies and if you are wise you will not send your "only originals" to him to be mistakenly lost, but rather to your legal counsel, as I have recently accessed. So I view this avoidance & Deliberate indifference, to say that if your "complaint" you can't possible file a grievance through Mr. Force. And expect to get a grievance id# or results, even in life threatening medical situations. There only claimants.

B. Actions taken and staff you have contacted before submitting this grievance:

Send copies to A.C.L.U. 3 Attorney, 3 Comptroller - Through originals and counsel (3rd TIME I address indifference in process to Mr. Force.) * REQUEST PERSONAL INTERVIEW.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

E.O. 14176
SEARCHED
INDEXED
SERIALIZED
FILED

(Continued)

DC-135A (Certification of Muster) I.T. J.P. Maser
Put this on the R.R. 29 Dec 99
w/ sig. [Signature]

Legal NOTICE / Appeal

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Hesney

2. DATE

29 DEC 99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MASER BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A - A - 22

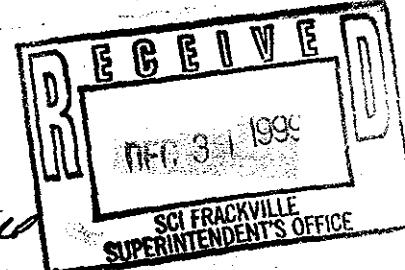
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir, PLEASE SEE INCLOSED COPIES OF GRIEVANCES FILED, MR. FOOR STATES OVER AND OVER (NEEDS ALL FORMS) I'VE BEEN THOUGHT THE INMATE HandBook, AND CAN NOT EXPLAIN THIS RESPONSE, HE WILL BE! FURTHERMORE, ONE OF THE GRIEVANCE ADDRESSES MR. FOOR AND HIS ACTIONS, WHICH HE SHOULD NOT HAVE ADDRESS HIMSELF BUT RATHER HIS SUPERIOR. HE IS ABUSING THE GRIEVANCE SYSTEM AND EVEN REFUSED TO ASSIGN A GRIEVANCE NO. # TO ANY OF MY GRIEVANCE'S FOOR KNOWS ONE IS A SERIOUS THREAT TO MY MEDICAL HEALTH & ANOTHER IS A THREAT IN RETALIATION TOWARD ME FROM STAFF. "SO I HAVE NO GRIEVANCE PROCESS AVAILABLE FOR ME," "REQUIRED BY LAW. NOTHING WILL BE ADDRESS THREW MR. FOOR, UNMATTER HOW SERIOUS! SO NOW, I'VE GONE TO THE COURT, & WILL SHOW I HAVE NO ADMINISTRATIVE REMEDIES AND ASK FOOR INJUNCTIVE RELIEF, AND TO THE D.D.L. COMM. I

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

WORLD WELCOME AN INTERVIEW AND A REVIEW OF THIS SITUATION
SEN. BECAUSE THESE ACTIONS ARE UNLAWFUL, THEREFORE NOT TO
STOP THE LITIGATION PROCESS. I WORLD WELCOME A RESOLVE TO
MATTERS AT THIS LEVEL. THANK YOU FOR YOUR TIME!

The reason your grievance forms are returned
is because you do not send all 4 copies
of the form. Without all 4, no action will
be taken. Send all four forms, Mr. Foos will sign, date & assign
a number & return your goldenrod copy—that is the procedure.
Follow it & the system will work.

 TO DC-14 CAR ONLYcc: Mr. Foos
file TO DC-14 CAR AND DC-15 IRS

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	<i>23 DEC 99</i>
<i>MOSER BE 4713</i>	<i>J. M.</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	<i>A - A - 22</i>

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I have been on Mental Health, 3 ant. Medications since the 1980's which are even reflected in my older 1989 to 1992 D.O.C. Medical Records, for the Facworld to take the same meds, and attend counseling. Now Dr. Newton has (for one off ALL treatment, saying that I should have "continued to take a Medication & had Allegeate (all) reactions too!" This is Medical Neglect, to subject me to something Hazardful, and Blatant Deliberate indifference to Blatant, it shows the medical Staff's intentions, towards Retaliation against me. This all seems to come out of THE "War on Drugs" well Documented Policy of S.C. Frackville" To Discriminate Against Targeted Medications even at the cost of Human Beings (Inmates) lives. Whether or the amphetamine's BE on NOTICE? I Did not get word on THE above

B. Actions taken and staff you have contacted before submitting this grievance:

Because you do not send add HEP C & all refusal ARE youes to TREAT? (in Professional, 3 People, AT ALL) =

Spoke to Dr. Newton, Dr. Beckner, Dr. Nasrath, medical Health Nurses, BEFORE 1997 of having forms (to form will give, forms & action) 3 TAKE Actionable Inmates (and its left this form) that is the procedure.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

follow it & the system will work.

cc: Mr. Jon

Signature of Grievance Coordinator

Tols

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. FRACKVILLE	27 DEC 99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
<i>Jeffrey Moser #54713</i>	<i>Jeffrey Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
<i>N/A</i>	<i>A-A-22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

In the past month I have been subject to harassment by my Block officer (Officer Szwed) and other officers, when I brought this to the 2nd Shift Staff attention, looks like, I was told "you don't want to get into a Pissing Match with THE officer" ("BECAUSE WE WILL WIN") Meaning if I File Grievance, I would BE harassed MORE, RECEIVE RETALIATORY MISCONDUCTS ETC... which IS Deliberate and indifferent and unlawful actions being TAKEN AGAINST ME, FOR EXERCISING MY RIGHTS (Inmate Privileges) IN AN EFFORT TO DEPRIVE ME LEGAL ACCESS (Telephone) (Books) (Etc...) AND USE OF POWER AND GET EVEN RETALIATORY TACTICS. So SINCE THIS I have started a Personal Log, 3 Occasions TO STIR ANY RETALIATION up towards myself, until IT came to a point where, the harassment was getting out of hand - it's a Threat to Endanger my Life, Liberty or Legal Access or which TIME send my concerns out to The DOLO. If/Once via. my Personal Counsel, Before Filing THIS OR TAKE GRIEVANCE? (PLEASE CONTINUE NEXT PAGE) →

B. Actions taken and staff you have contacted before submitting this grievance:

I spoke to the following Chart of People re: about the Problem, etc. Szwed & other Retaliatory off. (and staff etc. He goes on as stated above) & talk to off. Kowaski. (Talked to Day Shift A700PMT (561-)) (asked for breathable white shirted (atmosphere) all incidents, no action to rectify this situation, Filed Grievance (1st step.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

I hope it will work.

Signature of Grievance Coordinator

Date

DC-804

PART I OF 3

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. [Redacted]

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.I.C.E. - FRANKVILLE	27 DEC 97
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSELEY BE4713	<i>Jeffrey Paul Mosely</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	4-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

For my Personal Safety, As THE LAST employed Threat may Drug TALK! Now to Date, (ofc. SWEDAL) (2nd shift) Took my Phone time For this week in Front of witness my Times are (8am mon, 8am wed, 1330pm sat) the 8am call was pre-arranged (Early ATTORNEY Conference call) Answered what's ahead of TIME, this Mr. SWEDAL knew meations of, Because when I Got my phone I mentioned why I NEED (2) 8am morning calls. *Now Requesting my call at 8am, it was told that Mr. SWEDAL indicated I Refused All my calls (3#) of them this week, This was a Lie and a Blatant act of Indifference towards, So much, he must of Re-written the phone log, Because my witness & myself Saw him Record my phone times. It's been indicated that the visitors me in in Cellhouse language and will go to many lengths to Harass me! His Action cut off all my Legal Access this week. *Now as of Filing this GRIEVANCE, I SPOSE I am going to suffer Extreme harassment, Unintentionally But I will NOT let

B. Actions taken and staff you have contacted before submitting this grievance:

Violations of my Rights, [REDACTED] To Detract me from exercising them. Please Review the Swallow and make written record of all actions. You ARE MADE AWARE by GASS

Note: Mr. SWEDAL & I feel has done something else to me, but it is too Personal in nature I feel to address Mr. S.I.C.E. Co. / So I will ask for an informal review from the Commissioner's office, to limit the levels of Retaliation towards me (For Talking)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
State Correctional Institution
at Frackville, PA. 17931

SUBJECT: Return of Official Inmate Grievance

12-22-78

TO: Moyer BE4713 AA22
Recd all forms

FROM: James R. Forr
Corrections Superintendent's Assistant

This Official Inmate Grievance is being returned to you because you have not complied with the following requirement(s) of DC-ADM-804, Consolidated Inmate Grievance Review System:

Section V. Form - Grievances and Appeals

- (+) A. All grievances and appeals shall be in writing and in the format supplied by the institution.
() Requirement of instruction number three (3) has not been met.
- () B. All grievances and appeals shall be presented individually.
Group grievances and appeals are prohibited.
- () C. Only an inmate who has been personally affected by a Department or Institution action or policy shall be permitted to seek review or appeal. The inmate grievant must sign the grievance or appeal.
- () D. All grievances and appeals must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner.
- () E. Grievances and appeals based on different events should be presented separately unless it is necessary to combine the issues to support the claim.

Section VII. Initial Review

- B. Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following:
- () 1. Incoming Publications, DC-ADM-814.
() 2. Institution Disciplinary and Restricted Housing Procedure, DC-ADM-801. Initial Review decision includes the decision of the Hearing Examiner and PRC.
() 4. Policy and Procedures for obtaining Pre-Release Transfer, DC-ADM-805.
() 5. Other kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.
- D. Procedures:
- () Unless otherwise specified (VII.B. of this directive) Initial Reviews must be submitted within fifteen (15) calendar days after the events upon which the claims are based.

DC-804

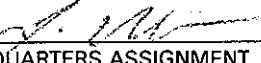
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

* PLEASE ASSIGN NO. THIS TIME.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. Frackville	23 DEC 99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MRSEN AE4713		
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A - A - 22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I HAVE BEEN ON MEDICAL HOLD FOR OVER ONE YEAR SINCE THE 1980's WHICH ARE EVER RECORDED IN MY RECORDS FROM 1989 TO 1992 D.O.C. MEDICAL RECORDS, FOR THE FACILITY TO TAKE THE SAME MEDICALLY AND ATTEND CONSULTING. NOW DR. NEWTON HAS FOR ME OFF ALL TREATMENT, SAYING THAT I SHOULD HAVE "COMPLAINED TO TAKE A MEDICAL & NOT ALLEGED (REL) READING, TOO! THIS IS MEDICAL NEGLECT, TO INJURE & TAKE SOONER THAN HARMFUL, AND BLANTANT DELIBERATE AND CONSCIOUSLY BLANTANT, TO SHOW THE MEDICAL STAFF'S INTENTION, TOWARDS PUNITIVE AGAINST ME. THIS ALL SEEMS TO COME OUT OF THE "DISMISSED CASE" WITH DOCUMENTED POLICY OF S.C.I. FRACKVILLE" TO DISCIMINATE BLANTANT TOWARD MEDICAL STAFF, EVEN AT THE COST OF HUMAN BEINGS (LAWMAKERS) LIFE, WHICH IS AN ETHICAL VIOLATION TO BE ON NOTICE. I DIDN'T GET CLEARED ON THE DATE

B. Actions taken and staff you have contacted before submitting this grievance:
(ACROSS AND ALL INFORMATION ARE yours to THE STAFF)
 (NOT PROFESSIONALITY, I PAY YOU, IF ALL DO
 WHAT YOU SAY)

I SPOKE TO DR. NEWTON, DR. O'CONOR, DR. NEWARTH, MEDICAL STAFF,
 NURSES, BEFORE I FILED EXHIBIT ONE GRIEVANCE. PLEASE REVIEW & TAKE ACTION.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S. L. E. Frackville	12-23-99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Jeffrey J. Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-4-72	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I know it is my responsibility to understand, follow the inmate process by not assigning a liaisoner with no valid badge (like Idaentify) Housing Bedding Policy, stating that he works the original of copies of all request slips, i.e. paperwork. Now to address this action Mr. Fink has less paperwork and more access to said records & files. This is unacceptable. His Policy (influence) is such that if you "indigent" as (I am) you can not afford copies and if you are wise you won't send your "only originals" to him to be accidentally lost, but rather to your local counsel, as I have recently accessed. So I view this procedure & influence is different, to say that if you "indigent" you can't file it or whatever through Mr. Fink. Just expect to get a letter sent or possibly know on life threatening medical situations. There only "inmate"

B. Actions taken and staff you have contacted before submitting this grievance:

and letters to A.C.B.D. & attorney & camp Hill - Through counsels and myself (3rd time & address indifference to passes to Mr. Fink) * Request Review reissued.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

Dated, 3 Submission Witnessed

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.I.I. - FRACKVILLE	01 DEC 99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
JEFFERY PAUL MOSER BE4713	<i>Jeffrey Paul Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
NONE	A-A-23	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

A Blood Test was Taken From ME, Months Ago, IT CAME BACK (REACTIVE) (Positive) For H.V.C. (Hepatitis C.) This is a Terminal Illness, I WAS NEVER informed I had THIS illness, Until I saw THE Report Personally in Review of my FILE. Dr. O'connor Admitted He Knew, But Assumed I Knew. How would I know? IF your STAFF Doesn't Follow THE LAW AND INFORM ME. Now I am TOLD I will Get NoMore PROVENATIVE TREATMENT EXCEPT a Blood Test Every 6 months (Liver Count) THIS IS Nothing MORE THAN a Prescription of Death For me, Legal Murder, But Is It Legal? THERE ARE Effective Treatment, (Though Some Costly) TO TREAT (H.V.C) Plus Bi-Weekly and/or monthly Blood monitoring, That gives a Person ~~_____~~ Life with a CHANCE, I Possibly Have Cancer too. Dr. O'connor Medical Directives are certain Death, And I Demand Immediate Treatment Or Inducted, -- I HAVE informed my Family, To Go to Every Press (News) Agency Available IN LIFE OR DEATH His Actions Will Instruction to THE Press. IN 7 and D.O.C. Will BE Known, THANK YOU -

*Even if my Life on Death; And THE Medical Neglect Tactics of Solotefco
1.) I am seeking private Counsel For myself, & Family. 3.) Wrote Dr. O'connor.
4.) tried to speak to Dr. O'connor. 5.) wrote ms. Newport. Please return b/nod. Tim
Your grievance has been received and will be processed in accordance with DC-ADM 804.*

DC-804

PART 1

Dated 3/5/01 Submitted Wibreed.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.I.E. FRACKVILLE	31 DEC 99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
JEFFERY PAUL MOSK BE4713	Jeffery Paul Mosk	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
None	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I Blood Test was taken From ME , Month's Ago, It Came Back (positive) (Positive) For H.V.C. (Hepatitis C.) This Is A Terminal Illness, I Was Never informed I had this illness, Until I Saw The Report Personally In Person Of My File. Dr. O'connor Admitted He Knows, But Assumed I Knew How Would I Know? If Your STAFF Doesn't Follow The Law And Inform Me. Now I am Told I will Get No More Preventive Treatment Except a Blood Test Every 6 months (Liver Count) This Is Working more Than a Prescription of Death For me, Legal or Not, But Is It Legal? There Are Effective Treatment (Through Liver Transplant) Plus Bi-weekly And Four monthly Blood monitoring, That Gives a Reason ~~to~~ Life With A Chance I Possibly Have Cancer Too. Dr. O'connor Medical Directions Are Legal Or Death, And I Demand Immediate Treatment Be Initiated, • I Have informed My Family To Go To Every Press (News) Agency Available In Life Or Death His Action Will D.o.t. Will Be Known, Thank You

B. Actions taken and staff you have contacted before submitting this grievance

My Family, To Go To Every Press (News)
Sent instruction to the press. In 2 Agency Available In Life Or Death His Action
Will D.o.t. Will BE Known, Thank You

End of my life or Death; And The Medical Neglect Tactic's of Solotaboo
2.) I am seeking private counsel For myself & Family. 3.) Write Dr. O'connor.
4.) TALK TO Sonat To Dr. O'connor. 5.) Write Mr. Narworth. Please return 6/NO/2001
Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

Part II

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P. O. BOX 598
 Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE
 INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0028-00

TO: (Name & DC#)	INSTITUTION:	QUARTERS:	GRIEVANCE DATE:
Jeffery Moser BE-4713	SCI-Frackville	A-A22	01-25-00

The following is a summary of my findings regarding your grievance:

Physicians - not administrators - determine what medications are appropriate for each inmate. There are policy guidelines, as I've told you before, but nothing prevents any DOC physician from ordering any medication he deems necessary. All DOC physicians are aware of this. None of them have ordered what you want.

I read your chart from your infirmary stay at SCI Mahanoy. I see nothing about additional injury to your back. In fact, the notes indicate that you were up and walking well very quickly.

You've mentioned "lock up" and "ad seg" several times in your grievance and I have no idea what you're talking about. You're the only one who's talking about it. Are you planning on committing a misconduct?

CC:

DC-15
File

Refer to DC-ADM 804, Section VIII,
 for instructions on Grievance System
 Appeal Procedures

SIGNATURE OF GRIEVANCE OFFICER:

Linda J. Nauroth, CHCA

DATE:

01-27-00

PLEASE SEE ATTACHED NOTES 3
DC-804 LAW.
PART 1 : (BACK PAGE)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

This document was scanned and processed for e-filing. Thank you!
Jeffery Moser 1/25/2000

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
JEFFERY MOSER BE4713	Jeffery Moser	25 Jan. 2000
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	A-A-27
None		

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On THE 20TH OF JAN. 2000, I WAS INVOLVED IN A ACCIDENT THAT WAS CLEARLY AVOIDABLE AND A PRODUCT OF MEDICAL MELLECT AND BIAS. TREATMENT ON THE PART OF DR. O'CONNOR, I HAVE NERVE DAMAGE IN MY BACK WHICH CAUSE LOSS OF FEELING DOWN THE LEFT LEG & FOOT WHICH MAKES IT NEAR IMPOSSIBLE FOR ME TO SIT OR KEEP MY BALANCE ON ICE, WHICH WAS RECORDED IN MY MEDICAL FILE. DR. O'CONNOR WAS MADE AWARE OF SUCH DAMAGE FOR MYSELF. BUT REFUSED TO DO ANYTHING TO AVOID FURTHER INJURY TO MY BACK (OR) FOR THE SAFETY OF ME AS A MEDICAL PROFESSIONAL (?) NOW, I AM IN FACT INJURED ABSE BY MY FALL MY PAIN HAS INCREASED & FEELINGS DECREASED AS A RESULT OF MY ACCIDENT. TO CONTINUE DR. O'CONNOR STILL HAS ME WALKING ON ICE DAILY. WHEN THERE IS ENCLOSED INST. (WESTERN, BRADFORD, HUNTINGTON, ETC) THAT WOULD

B. Actions taken and staff you have contacted before submitting this grievance. SECURE MY SAFETY, SHALL WE WAIT TILL I FALL Nov. 1999 3 Dec. 1999 (Dr. John) WAS I AGAIN, POSSIBLY (APPED) BEFORE TAKING ACTION MADE AWARE OF MY DISABILITY & MADE ME AWARE OF DR. O'CONNOR REFUSAL TO ADDRESS. Jan. 2000, Dr. Benward, & (Dr.) at S.C.I.M. WERE CONSULTED ABOUT O'CONNOR'S MAL PRACTICE. I ASK NOT TO BE LOCK DOWN IN RETALIATION FOR BEING A DISABLED PERSON!!

Your grievance has been received and will be processed in accordance with DC-ADM 804.

PLEASE SEE ATTACHED**DC-804****PART 1**

THIS LEGAL DOCUMENT HAS BEEN SERVED AND
RECEIVED, AND IS UNOPENED.
[Handwritten signatures and initials over the stamp]

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCE**GRIEVANCE NO.****PRA-0028-00**

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number) <i>Jeffrey Moseley BE 4713</i>	INMATE'S SIGNATURE <i>Jeffrey Moseley</i>	<i>75Chart.2000</i>
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-A-22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

ON THIS ACTION I ADDRESS ONE ISSUE, (Medication Discrimination) ON THE WORK DAY 2000 I Had an accident Due to "Medical Neglect" AS A RESULT I INJURED my Back worse and ENCREASED my Pain Levels, upon SPEAKING to (2) S.C.I. Monahay Hospital Doctors I Was Told I would NOT Be Permitted STRONG PAIN MEDICATIONS as (Ex) PERMIT ECT.. BECAUSE IT WAS THE ADMINISTRATIVE (NOT MEDICAL) POLICY AT S.C.I. Frackville 3 months Not to Give the Prisoner Nothing stronger than Paracetamol, (REGARDLESS of His Injury) Admin. Policy OVERULES ANY INMATES MEDICAL NEEDS Always. THE DOCTORS AGREED I WAS IN NEED OF Such STRONGER MEDS, BECAUSE OF MY INJURY and LACK (TOLERANCE to Paracetamol) on Present meds. This is unlawfull for THE Admin. TO Do, and Medical Neglect on THE part. Dr. Part.. So I Suffer (WILLLY(Deliberately))

B. Actions taken and staff you have contacted before submitting this grievance:

(Address ISSUE to S.C.I.F. (PA-31) (Dr. O'Connor) (Ms. Newmark) (Dr. Benwell.) (Medical Dir. S.C.I.M) ECT.. will REQUEST DEPOSITIONS with Counsel from all. Thank you.)
NOTE: Medications were permitted at S.C.I. Graterford - (NOT D.O.L. Remond.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

F.G.R.

Signature of Grievance Coordinator

Date

(Inmate copy retained)

DC-135A COPIED / Dated / Witnessed / LEGAL

J. Mosek
R. J. J.

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr. Foyk

2. DATE

16 Jan 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Jeffery Mosek BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

RE: = ATTACHED GRIEVANCE -

SIR, you returned THE ATTACHED GRIEVANCE without me assigned GRIEVANCE NOTE "Rejected" because IT DID NOT Comply with DC-ADM-804 (sec. V) (3), with THE written message "Who Did you Pack to names" THIS MAKE NO SENSE TO ME SIR, I'VE BEEN OVER THE HandBook, THERE'S NO Violations and IT should Be Processed IMMEDIATELY So THE Process Can Be SERVED, what Does your written message MEAN? WELL PLEASE GET BACK TO ME TIMELY So I Can CANNOT take IT as you SEE Fit, I CAN Re-write THE GRIEVANCE, AS IT IS now oxygen situation, (hasn't changed) If you would LIKE SIR, whatever Best for you SIR, THANK you for your TIME and consideration
*** I RESERVE THE RIGHT TO APPEAL ALL ACTIONS TAKEN (or) NOT TAKEN*****

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Submission Witnessed/
10/18/00
J.W.

DC-804

PART 1

10/18/00
J.W.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. Frackville	8th Jan 00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Jeffery Moser BE4713	<i>Tiffany M.</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

*THE Health Violations in THE Kitchen Brought to light, THE WAY THE
 morning "milk" is Dispensed is unHealth, IT IS Poured into many
 cups, and sits out to collect cream, Bacteria, Go Sour, with THE
 unFished Bare Wood Ceiling, which ARE Super Germ Collectors, which
 with 1000 INMATE Going Threw Daily, ABSORB DISEASE AND ~~excreta~~
 BACK IN TO THE milk, to CAUSE sever SICKNESS and possible
 Death, (T.B. ect...) (FLU.) (ect..) A Milk Dispenser Should Be in
 Place, and THE CREAM Should Be Fished Enclosed, and Cleaned,
 DUST AND GERMS ARE NOT COLLECTING, (with limit Ventilation, I've
 received sour milk (3) TIMES, now i Have an infection ILLNESS, i know
 i Believe stems from said Violation, and was refused TREATY (Emergency)
 (on-going) for failure to pay (sign cash-slip.), PLEASE REVIEW, i INTERVIEW.*

B. Actions taken and staff you have contacted before submitting this grievance:

*Spoke to Kitchen Staff, Chaplin of Command, (where Health Dept.)
 will address issue to (if no resolution is not sought,
 Attorney made aware to avoid Retaliation and for document.)*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Submission Witnessed/

DC-804

PART 1

10/10
WY

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS - HIT**

P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. Frackville	8th Jan 00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Jeffery Hoser BE4713	<i>Jeffery Hoser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Health violations in the kitchen brought to light, the way the
milk "milk" is dispensed is unhealth, it is found to be many
leaks, and sits out to collect beam, bacteria, go sour, with the
unrefined beans used today, which are Super beam collectors, which
with 1000 inmate going through daily, absorb disease and
back in to the milk, to cause severe sickness and possible
Death. (T.B. etc...) (Flu.) (etc...) A Milk Dispenser must be set
place, and the (kitchen) should be flushed constantly and cleaned,
DO NOT LEAVE MILK OUT COLLECTING, AND TREAT IT WITH
REFINED BEANS, AND NOT UNREFINED BEANS, I HAVE
RECEIVED SOUP MILK (3) TIMES, NOW I HAVE AN INFECTION FLU, etc..
I Believe stems from said violations, and was refused TREATMENT (Emergency)
(or-Gator) for failure to pay (sign cash slip.), PLEASE REVIEW, I APPRECIATE

B. Actions taken and staff you have contacted before submitting this grievance:

Spoke to Kitchen Staff, Head of Command, / about Health Dept.)
which address issue to (so if resolution is not kept,
(attn: myself aware to avoid retaliation and for payment.)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

(Classification of mail) (cont'd)
- 29 DEC 99 - JEFF MAYER
w/ b/s [Signature]
Inmate's Name: [Signature] / Inmate's Ssn: [Signature]

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. Frankville	23 DEC 99
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Moser RE4713	<i>Jeff Mayer</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	4-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I have been on Mental Health 3 and Medical since Dec 1980 (5) which since EVER reflected in my chart 1988 to 1992 P.O.C. Medical Records on THE PRECEDING TO TAKE THE SAME AS IF I HAD TAKEN ANYTHING AS NOTED. *Now "Dr. Newton" has put off "All" "Antidepressants", "Treatment", Stating THAT I SHOULDN'T CONTINUE TO TAKE A MEDICATION (I Had no Alleged conditions tho!) THIS IS MEDICAL MISHANDLING TO EVEN SUBJECT TO TAKE MEDICATION KNOWN TO ME (or) RECEIVE NO FURTHER TREATMENT (or) TREATMENT. - THIS ALL SEEM TO LEAVE OUT OF THE WRITTEN BUT WELL DOCUMENTED Policy of S.C.I. Frankville TO DISCRIMINATE AND TARGET CERTAIN CONDITIONS SUCH AS (ADHD) (BIPOLAR) ETC. THESE MUSCLE WILL NOT BE LEAVE ON LONGER TO BE CROWN AFTER YOU ARE ADVISED AT S.C.I. Frank. REGARDLESS OF THE NEED FOR SUCH MEDS, Sought By Doctor Before Hand For Patient. THIS AT THE COST OF THOUSANDS SUSCEPTIBILITY OF LIFE! THIS Administration Policy Dictates Medical Treatment, Unknowingly To Give Any Person "Any" Effective Mental Health

B. Actions taken and staff you have contacted before submitting this grievance: [REDACTED] However, I Did Not Get Treated on THE DATE HERES [REDACTED] ALL PERSONAL CARE YARDS TO TREAT, ADMINISTER PRESCRIBED, medical Health NURSE, MR. SAWYER, AND ATTEMPT TO FILE GRIEVANCE (Held back) [REDACTED]
* Hand copy retained - Personal interview requested - witnessed meeting. —

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMI

LTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
(570) 874-4516, Ext. 187
March 30, 2000

SUBJECT: Request Dated 03-29-00

TO: BE-4713, Jeffrey Moser

FROM: 
Linda J. Nauroth

Health Care Administrator

My beliefs have nothing to do with your complaints. The PA DOC has a physician-generated protocol for Hepatitis C. It is my responsibility and Dr. O'Connor's to see that the protocol is followed.

You may copy the Superintendent if you like, but I have already done so. My facts are a part of your medical record.

I can make no sense of the sentence I highlighted.

LJN/sr

Enclosure

c: Superintendent Chesney
File

DC-135A

(Legal / Copied / Witnessed)

Legal

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Ms. Neureth</i>	2. DATE <i>29 Mar. 2000</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSER BE4713</i>	4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A - A - 22</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Thank you for your written response to G.R.F.C.A.-0102-00, I would ask you do you believe that people with Hep C. don't have serious liver problem for 20 (or) 30 years,? Honestly, (or) is this another way to not treat me, (or) afford me a needed Liver Biopsy, I am sending a copy of your documents, to the Superintendent and "DOC ATLANTA" to see if they advise waiting 20 or 30 years before treating the terminal illness (read the studies it kills you believe that) . . . I only have an depression problem (or) Alleged Addictions Problem, when your trying to get out of an issue at hand. why is that? And I'm lifting weights, we know you are alleging this also, I've only been to the yard (4) time since I've been here, now that's a "fact" check it out. But maybe I shall start, as it was advised by my Specialist, but it wouldnt change my M.R.E. (or) Surgeon reports would it. PLEASE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

{ Check your facts and see to the truth before making unfound statements, I am asking all documents be permitted in court, including these ones, I will ask that you and Dr. O'Connor pay your own fees and damages and that they leave Dr. O'Connor estate because of his age. I would like to resolve these matter and get all stated treatment, Please let me know if that's possible. . .
In your assistance - THANK YOU . . .

See Response Dated 03-30-00. LJN

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
(570) 874-4516, Ext. 187
April 14, 2000

SUBJECT: Requests Dated 04-05-00 and 04-09-00

TO: BE-4713, Jeffrey Moser

Linda Nauroth
FROM: Linda J. Nauroth

Health Care Administrator

Request to Linda Nauroth dated 04-05-00:

I have no intentions of debating "legalese" with you. That's for the attorneys to do.

The quotation from the specialist that you wrote in red is, of course, accurate since you copied it from the chart. The next sentence, however, is your interpretation. MRI's do not show pain and no one ever said "the present pain meds can't possibly help this man".

Everything Dr. O'Connor has done and everything that I, as a representative of Superintendent Chesney and Deputy Smith, have done are a matter of record. The record "tells" everything there is to tell.

The refusal matter has been handled appropriately.

Request to Mr. Forr:

Mr. Forr has asked me to respond to your request slip to him since medication is outside of his realm of expertise. Medication is the sole responsibility of the physician. He is the only one licensed to write prescriptions, therefore no one else can "grant permission" to take prescription medication. As I've told you before, there is no "policy". The doctor orders the medication that he deems appropriate.

LJN/sr

c: Superintendent Chesney
Mr. Forr
File

(Copied-Dated-Witnessed)

Doc. No # 0018 (A)

DC-135A

* LEGAL AFFIDAVIT *

INMATE'S REQUEST TO STAFF MEMBER

I'm CARE OF FOR ?COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. Nauroth "Medical Administration"

2. DATE

5th April, 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEL BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A - A - 22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Ms. Nauroth, You may try to twist the law to fit your situations, where you display "Deliberate Indifference" But PLEASE refer to your Law. COUNSEL. Before making legal Judgements such as what is a "Legal Document" and what is not, Let me show you what THE LAW SAYS) is a Legal Document, * Look up the Following For NEXT TIME, PLEASE, (28 U.S.C. § 1746) besides that you are going to get proceedings. (42 U.S.C. § 1983) also under Title 18, Chapter 11, Article 3, § 1343 (5 U.S.C. 702) you can use this form to Deny, a Document & So Let me Breaker Down, First you must identify THE DOCUMENT "Legal Affidavit". THEN you must sign a "Sworn To Be True, " "Correct" IN THE PRESENCE of (1) witness and DATE IT. Now IT IS A Legal And Binding Document in "Any Court In America" So your Refusal to accept my "LEGAL AFFIDAVIT" - "Medical Refusal of 3rd apr. 2000" → CONTINUE ON BACK

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

See Response Dated 04-14-00:- IJN

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Doc No# 0018(B)

DC-135A

* LEGAL AFFIDAVIT *

INMATE'S REQUEST TO STAFF MEMBER

(2 of 2)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Ms. Nazareth in Care of Joseph W. Chesney (Superintendent)</i>	2. DATE <i>3 APR. 2000</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Moser BE4713</i>	4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A - A - Z Z</i>

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

IS just ONE MORE Provable Incident of your ABUSE of Power, "which is to include Dr. O'connor actions and Mr. Chesney" where you believe your authority is more than that of THE STATE and FEDERAL LAWS, where you will NOT be held ACCOUNTABLE, you ARE misguidesd and I am asking THE Courts to hold all involved "in contempt" Before we proceed to trial, ISN'T IT TRUE, THAT you just don't want ALL THE FACTS of THIS refusal to BE add INTO RECORD, So I WILL sign your affidavit IF you'll simple ATTACH my "Legal AFFIDAVIT" TOO IT, TO ASSURE THE TRUTH, IS TOLD, Also when THE superintendents OFFICE STAMPED THIS DOCUMENT "RECEIVED JCF-Franklin Chas" IT BECAME A Legal Document EVEN BY YOUR STANDARD? OF LAW! NEVER ISN'T IT TRUE "that THE Specifist stated "I am holding as I am this date as the patient may have had other symptoms in the past, But currently THE MAE REFUSED A Night Stand Food and" (I fear the patient should be Admitted Minutes around THE NICK about 30 min. ago) up my recte using. SO YOUR Told Regardless, THE MAE Shows I am in Great PAIN and THE Present Refused can't Possible Help THIS MAN, and I AM TO BE ON THE Oxygenator

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) So you, Mr. O'connor and Mr. Chesney, Read THE REPORT and ARE FULLY AWARE OF THE months of pain you are making me ENDURE and ARE CONTINUING YOUR ACTS OF MALPRACTICE AND DELIBERATE INDIFFERENCE, Will you HONESTLY TELL THE Jury of fact, you did NOT KNOW what you were doing to me? I THINK NOT. PLEASE Proper Pain Management IMMEDIATELY, and Get Back to me timely about THE "Medical Refusal Situation". I want to BE OF ASSISTANCE.

SWORN TO BE TRUE & correct:

Jeff Moser 4/5/00
w/bt^o
Ronald Wolf
4/6/2000

See Response Dated 04-14-00. LJN

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

RECEIVED	
COMMONWEALTH OF PENNSYLVANIA	
DEPARTMENT OF CORRECTIONS	
INSTRUCTIONS	
SCI FRACKVILLE SUPERINTENDENT'S OFFICE	
Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.	

INMATE'S REQUEST TO STAFF MEMBER

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
<i>M.C. Taylor (ASST. SUPERINTENDENT)</i>	<i>7-13-00</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
<i>PHYSICAL REPAIR</i>	
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	<i>1 - 2 - 22</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

I would like to talk with you about the problems I have with my work assignment. As I stated in my request to the Superintendent, I am not able to do my job because I have a problem, I have been assigned "Counselor" for 13 weeks after being off-duty for Federal Prison and Inmate Work and Courtroom. But only 5 weeks ago, (2) days (2) times today, I was assigned to, (3) 3 times today, I did not work before all the time. The POCs are called "Counselor" and other inmates call them "Lousy (Lousy) Counselor". Because of those days I know as the longest I am assigned, and its really not effective for me to work. If that, if you look in the POC's Manual Es File "Inmates rights" they never say it twice. (POC specialist Report # 07-R-1) There are lots of my conditions and need of better prison management. All the others are for some reason and THE MAX. Dose is (8) times per day which is also

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) THE back side of THE REQUEST IS ALL THE INFORMATION MY LIEUT WITH STEP C. THATS NOT TREATED, THE EXECUTIVE U. IN BETTER THE THIS Respect, "less Treated". Regardless THEY ALL EFFECT THE LIVES, OR WE CAN ONLY TRY TO DO THE DAMAGE WITH THE BEST NEEDS. I WILL WAIVE YOUR RESPONSIBILITY IF GLOW THE REQUEST (and cancel).

Over

See Response Dated 04-14-00. LNJ

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
(570) 874-4516, Ext. 187
April 4, 2000

SUBJECT: Requests to Superintendent Dated 03-31-00 & 04-03-00
Request to Mrs. Nauroth Dated 04-03-00

TO: BE-4713, Jeffrey Moser

Linda J. Nauroth
FROM: Linda J. Nauroth

Health Care Administrator

Calling a piece of paper a legal document does not make it so. You will be asked to sign a DOC Refusal for Treatment form. If you refuse to sign it, that will be witnessed and recorded as is our policy. If you change your mind, notify us and we will re-evaluate the situation as it exists at that time.

As both Superintendent and I have told you, specialists do not write orders; they make recommendations. The primary care physician, not specialists or "rules" or "policies", make the decision on the appropriate medication to order.

LJN/sr

c: Superintendent Chesney
File

DC-135A

~~LEGAL~~

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>MS. Linda Navroth (Medical Administrator)</i>	2. DATE <i>3 APR. 2000</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSER BE4713</i>	4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A - A - 22</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>PLEASE ENTER THE ATTACHED LEGAL DOCUMENT INTO my MEDICAL RECORD . . . I'VE FORWARD THE ORIGINAL TO THE SUPERINTENDENT WITH NOTES, PLEASE REFER TO HIS NOTES IF NEED BE.</i>	

*K PLEASE refrain restrain yourself from any ACTS OF DELIBERATE INDIFFERENCE TOWARDS ME, AS IN THE PAST, I STILL NEED MEDICAL TREATMENT INCLUDING THE PAIN MEDICATION UNLAWFUL REFUSED TO ME . . .
 Note: This is the only official form to write on. This is a (legal) document.
 Thank you, LET MEG KNOW IF I CAN BE OF ASSISTANCE.
 Jeffrey Moser*

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

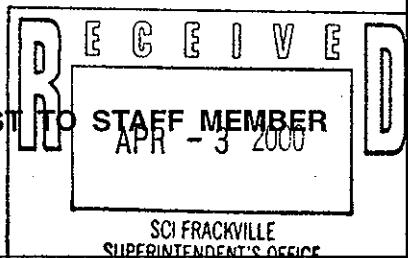
STAFF MEMBER

DATE

THIS IS A LEGAL AFFIDAVIT, COPIED - WITNESSED - DATED,

DC-135A

INMATE'S REQUEST TO STAFF MEMBER



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Joseph W. Chesney (Superintendent)

2. DATE

31 Mar 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

RE: FRA - 0102-00

6. QUARTERS ASSIGNMENT

A - A - 22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

GREETINGS SIR,

I Got your initial review response, I will go ahead and finish the final exhaustion process, I formally on this 31st Day of March, 2000, REQUEST TO SEE SAID D.O.C. medical Protocols your taking about.

If your not able to provide them timely, PLEASE STATE why Sir, and I will request them thru the Discovery process, then I will get them as is my right! PLEASE LET ME KNOW IF I CAN BE OF ASSISTANCE IN ANY MANNER SIR!!! THANK YOU AND GOD BLESS YOU.

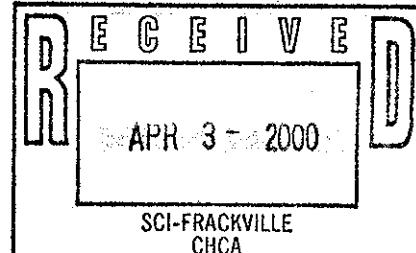
With all due respect sir, I find it hard to believe that you have a protocol that states you can refuse specialist recommended medications for your own cust. agenda. (Federal & state law support this), I HAVE NO PERSONAL WANTS, Doctor order for reasons of NEED, NOT WANT, I NEED MEDS

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) NOT WANT, ASK THE MANY SPECIALIST INCLUDING YOURS.

I WAS GIVEN THIS TYPE OF MEDICATIONS AT Graterford, why was it not against D.O.C. protocol there.

SI REQUEST A PERSONAL INTERVIEW & RESPONSE SIR.
I WOULD WELCOME ANY TYPE OF RESOLUTION, WITHOUT
FURTHER RETALIATION...

Mr. Naoum -
for your attention
cc: Mr. Ford



TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

CERTIFICATE OF SERVICE

I, JEFFREY PAUL MOSER (B#4713) Hereby certify that I have served a "True and Correct" copy of the following:

* LEGAL AFFIDAVIT *

"REFUSAL OF PARTIAL MEDICAL SERVICE"

"SPINAL FUSION OPERATION"

= 140 DAYS — EXPIRES ON 24 DAY OF AUG. 2000 =

Which is deemed filed at the time it is Delivered to the Prison Authorities for forwarding, [via: Inst. Mail Box] Houston Vs. Lack, 101 L. Ed 2d 245 (1988), Upon the Defendant (s) and/or His Attorney(s) of record, By placing same in a sealed, Postage Paid envelope addressed to:

1.) Medical Director
Linda Niwroth
S.C.T. Frankville
111 Altamont Blvd.
Frankville, Pa.
17931

2.) Superintendent
Joseph C.J. Chesney
111 Altamont Blvd.
Frankville Pa.
17931

3.) Daniel Doyle Esq.
Counsel For Inst.

I will forward Legal Copy
when Affid Law Library Temp.
week of 3rd April 2000

(INTER - INST. - MAIL)

AND DEPOSITED SAME IN THE UNITED STATES MAIL AT :[inst.] S.C.T. Frankville

I Declare, Under the penalty of perjury, (Title 28 U.S.C. 1746) that the Foregoing IS " TRUE & CORRECT".

Dated this 3rd day of April 2000

Sworn To:

Jeffrey Paul Moser
Jeffrey Paul Moser

WITNESSED:

Benjall W.H.
4/3/2000

DC-135A

LEGAL NOTICE

INMATE'S REQUEST TO STAFF MEMBER

RECEIVED	
COMMONWEALTH OF PENNSYLVANIA	
DEPARTMENT OF CORRECTIONS	
APR - 3 2000	INSTRUCTIONS
SOPHMORE Items Number 1-7. If you follow instructions in preparing SUPERMAXVILLE, it can be disposed of more promptly and intelligently. SUPERINTENDENT'S OFFICE	

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Superintendent - Joseph A. Chesney	
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MASER BE4713	
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
A-1-22	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Sir,

PLEASE REVIEW THE ATTACHED DOCUMENT, I HAVE SENT YOU THE ORIGINAL(S) AS IS THE LAW, I REQUEST YOU SEND A COPY TO YOUR COUNSELOR, etc. I want you to know THIS IS MY ONLY LEGAL OPTION IN MY SITUATION, I SMOKE "Bad" Daily and IT IS KILLING ME, BUT REGARDLESS I MUST ENDURE A LITTLE LONGER, I "know" IT IS ONLY THE POLICY OF SCI-FRACKVILLE AND MAHANROY, TO NOT PERMIT ANY FRESH MEDS. STRANGER THAL DARES IT, (AS STATED TO ME BY A DR. AT THE INST.) (COURTROOMNESS FB) REGARDLESS OF MEDICAL NEEDS (CON) SPECIALIST ORDERS. THIS IS UNLAWFUL. I DID RECEIVE MY MEDS IN GATESFORD, FEDERAL PRISON, ETC. ONLY YOUR DOCTOR SCREAMS FALSE HOOHS AND WILL BE ASK TO PTEST STH. SO I HOPE I WILL NOT SUFFER FURTHER INDIFFERENCE, AND YOU WILL MAKE A PROVISION OF YOUR RULES, SO I CAN ~~RECEIVE~~ RECEIVE NEEDED MEDICATIONS, AS WAS RECOMMENDED BY THE SPECIALIST. THANK YOU. PLEASE GET BACK TO ME TIMELY. }

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. For / Ms. Knott - for your info

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections
State Correctional Institution at Frackville
Superintendent's Office

March 30, 2000

SUBJECT: Appeal from Initial Review
Official Inmate Grievance No. FRA-0102-00

TO: Jeffery Moser, BE 4713
AA 22

FROM: Joseph V. Chesney
Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

There is no evidence other than your allegations that anyone is guilty of malpractice.

As indicated in Ms. Nauroth's reply, "The consult sheet does make a recommendation for surgery".

All treatments are according to need and established medical and Department of Corrections protocols – not your personal wants.

JWC/ca

cc: CHCA Nauroth
DC-15
File

DC-804

PART 1

-Initial Review-

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

*Appeal TOO: Superintendent *

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0102-60(FRA)

TO: GRIEVANCE COORDINATOR <i>Superintendent J. C. Hesney</i>	INSTITUTION <i>S.C.I. Frackville</i>	DATE <i>3-29-2000</i>
FROM: (Commitment Name & Number) <i>Moser, Jeffery BE4713</i>	INMATE'S SIGNATURE <i>Jeffery Paul Moser</i>	
WORK ASSIGNMENT <i>- NONE -</i>	QUARTERS ASSIGNMENT <i>A-A-22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

As always ms. Navroth consolidates all my issue(s) into ONE grievance, so I ask you HAVE YOUR INST. ATTORNEY (OR) YOURSELF TO REVIEW ALL FACTS PREVIOUSLY SUBMITTED. ISSUE ONE) THE Doctor Here is guilty of Malpractice, has maliciously refused to afford me proper and effective pain meds, Physical Therapy, Spinal Surgery, he can not claim the pretense of NOT knowing, as we all know I came from a Federal Medical Center, and the action of the medical staff since (S.C.I. Frackville) are deplorable. I demand all specialist recommendations BE followed IMMEDIATELY and lawfully, ISSUE TWO.) All of what ms. Navroth states about treatment of Hep C. in her response is a lie, all studies recente confirm THE NEED FOR A LIVER Biopsy, Even your Dr. Moyers AGREED! Now TREATS your present policy, Ms. Navroth state I LiftWeights - AND I GOT A MENTAL ILLNESS, SO I CAN'T GET Hep C. TREATMENT. Was IT NOT SO LONG AGO, SITE AND ALL MY MENTAL HEALTH TREATMENT STOPPED, SO what problem ?)

B. Actions taken and staff you have contacted before submitting this grievance:

YOUR STAFF SAY'S ONE THING AND DOES THE OTHER IT'S ALSO STATED I HAVE AN ADDICTION PROBLEM, But only according to HER & MR. O'CONNOR, my specialist AND (9) Doctor BEFORE only state a defined need for medication. So you can SEE THEY CAN'T KEEP THERE STORY STRAIGHT, But THANK GOD IT'S ALL IN WRITING. THE BOTTOM LINE IF CONTINUE TO BE STALLED AND REFUSE TREATMENTS I WILL REQUEST PERSONAL CLASS ACTION SUITION IN TO Your grievance has been received and will be processed in accordance with DC-ADM 804.

~~WITNESSED SUBMISSION~~

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE REVIEW ALL Records

FINAL Review)

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

Feb-0102-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER, BE4713	<i>[Signature]</i>	5 APR, 2000
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A - A - 72	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW SPECIFIC MEDICAL DISCUSSIONS OF 3-20-2000, WHICH STATE
"I AM AWARE THAT THE PATIENT MAY HAVE OTHER PROBLEMS TO THE POINT AS PER THE
PRISON DOCTOR" BUT CERTAINLY THE M.R.I. FINDINGS ARE QUITE SEVERE FRAUDULENT"
ALSO STATED, "I FEEL THE PATIENT SHOULD BE PLACED ON A BOMB OR UP MY DOOR
OF "OXYGEN" NEAR THE STOOP TOWER SO AS TO SEE HOW HE REACTS" SO SINCE
SEE THIS ONE YEAR, HOW THE PATIENT WAS TAKEN BY MY DOCTOR WHICH WAS STATED
AND NOTED I NEED STRONGER MEDICALS, BECAUSE THE PRESENT TREATMENT COULD
NOT POSSIBLY HELP ME. I TOOK STRONGER MEDS OR CRACKED AS NEEDED
AND I NEED A SPRAY FISTON! ALL THIS THE DR. D.O.L. KNEW WHEN THEY
TOOK CUSTODY OF ME IN JULY OF 1999, I CAME FROM PHILADELPHIA MEDICAL CENTER.
SINCE, I HAVE BEEN REFUSED ANY EFFECTIVE TREATMENT, FRACKVILLE AND
MAHONING HAVE A POLICY OF NOT GIVING NO MEDS ARE SLOWED DOWN TO A

B. Actions taken and staff you have contacted before submitting this grievance!
"REGARDLESS OF NEED." IT IS DELIBERATE
INDIFFERENCE TO REFUSE ME "THE NEEDED" MEDS AS WELL AS THE ACTION OF DR. D.O.L.
HAVE BEEN OF GENOCIDAL PROPORTIONS 3 WHEN YOU MAY HIS NON-TREATMENT OF
"Hep C." SO I HAVE REFUSED SURGERY FOR 140 DAYS UNTIL I SEE IF I MAKE FURTHER
AND I'LL GET MY MEDICAL COMPENSATION. BECAUSE DR. MAHONING IS AWFUL, AND UNPROFESSIONAL.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

*A Walkers Million Dollar Lawyer,
 I Beg For JUSTICE & RELIEF. PLEASE HELP.*

DC-804

Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
Camp Hill, PA 17011

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO. FRA-0102-00

TO: (Name & DC#) BE-4713 Jeffrey Moser	INSTITUTION: SCI-Frackville	QUARTERS: A-A22	GRIEVANCE DATE: 03-24-00
--	--------------------------------	--------------------	-----------------------------

The following is a summary of my findings regarding your grievance:

This will serve as response to your grievance #FRA-0102-00, your Request Slip to me dated 03-17-00 and your Request Slips to the Superintendent dated 03-19 and 03-21-00 which he has asked me to answer on his behalf.

Hepatitis C:

Based on our previous discussions, I know you are aware that Hepatitis C is not considered to be a terminal illness. It is true that some people who have this disease will develop serious liver problems over the course of 20 - 30 years. It is also true that some people with Hepatitis C will never develop liver disease.

The Department of Corrections' protocol was written by physicians who consulted with infectious disease specialists at CDC, Atlanta. Liver biopsy is not a routine part of that protocol, but could be considered on a case-by-case basis if there is a physician-determined need for biopsy information. That need has not been established in your case.

All DOC facilities - including this one - have the ability to properly administer Alpha Interferon and Ribavirin. These drugs, which are the only currently FDA approved drugs for treating Hepatitis C, have very serious side effects. For that reason, not everyone who has Hepatitis C is a candidate for treatment. Among those who should not receive the drugs are those who have a psychiatric diagnosis of depression and those who have not dealt with their substance abuse problem.

- continued -

BE-4713, Jeffrey Moser
Response to Grievance FRA-0102-00
Page 2

Back Surgery:

I told you when you arrived here that if you needed surgery you would get it, but first we had to determine the need. Now the tests are done and the specialist has been consulted. We have not yet received the full report from the neurosurgeon, but his handwritten note on the consult sheet does make a recommendation for surgery. When we get the full report, we will formulate a plan of action. We will keep you apprised.

Consultants to not write orders. They write recommendations for the primary care physician who is the one who has the responsibility for the patient's care and who is also the one who has the most information about the patient.

For example, the specialist didn't know that on your present pain medications you were able to be lifting weights in the yard. Dr. O'Connor takes all information into account when writing the orders.

cc: Superintendent Chesney
DC-15
File

Refer to DC-ADM 804, Section VIII,
for instructions on Grievance System
Appeal Procedures

SIGNATURE OF GRIEVANCE OFFICER:


Linda J. Nauroth, CHCA

DATE:

03-27-00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598DATED | COPIED | WITNESSED.
SUBMISSION —
11/18/00 3/24/00
WIT: *Frank W.*

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0102-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. FRANKVILLE	24 March 00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
<i>MOSER REY 713</i>	<i>John Paul Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block-B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On the 20th of March 2000, I finally receive a three-year (long) letter. In such he affirmed that: My Back has advanced, from previous dated (Mar. 15) that I need a spinal fusion at several levels, and to be an "overdose" from medication, to severe pain, as the present medication would not be effected, in light of my serious injury, I check today and was told that the, specialist orders whom made it into my medical file? I formal, I legally demand my medication as is the law, you are to abide by law with all specialist orders, it is unlawful to target with said respects, also, it also request my hospital and full physical therapy (3 to 6) after care required by law. I have been denied all to date. It was further stated at no time should I have been on ICE and SNOW and I have incontinence from nerve damage, you repeatedly refused to treat a condition you knew needed treated. (NEGLECT).

B. Actions taken and staff you have contacted before submitting this grievance: a condition you knew needed treated. (NEGLECT).
 EXHAUSTED ALL ISSUE prior to specialist examine, now I proceed to exhaust "new" civic violations. (wrote: Daniel Doyle /& for Frankville) (wrote Mr. Chasen, (spoke to Mr. Ford) (ASK COAST TO SOLVE specialist issue(s) FROM INST. MANAGER) I WILL BE MY INTENTION TO hold ALL INVOLVED RESPONSIBLE IN THEIR PERSONAL CARE (neglect)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Furr

Signature of Grievance Coordinator

*Mr. President**3-24-00*

Date

DC-135A

* LEGAL Documents Enclosed

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

RECEIVED

DEPARTMENT OF CORRECTIONS

21-2000

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

SCI FRACKVILLE
SUPERINTENDENT'S OFFICE

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Joseph C. Chesney

2. DATE

19th Mar. 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

- DuDECK -

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

GREETINGS SIR,

(PLEASE SEE THE ATTACHED COPY OF A LETTER ~~LE~~ Legal Letter SENT TO YOUR COUNSEL ON YOUR BEHALF). I Formally Request all specialist "order" Recommend Treatment, Medication, ~~3~~ ^{ONE} Surgery, Without NO Further Medication Discrimination, Small Tactics and/or acts Medical Neglect and/or Retaliatory acts. I HAVE BEEN "Granted" THE Right to Be Re-heard in Federal Court upon Exhaustion, I will Proceed Shortly, UNLESS THESE ISSUES ^{ARE} Resolved. Sir, You and Mr. Fox ARE Professionals IT IS Beyond ME, Why you Permit your medical staff to ACT SO MALICE AND UNLAWFULLY UNDER your Administration Respectfully, I want to be of assistance if I can Sir, I Got a Truck load of Proof Documentation & WITNESSES if NEEDED. PLEASE Get Back to me Timely. J. Moser

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

See Response to Grievance FRA-0102-00 Dated 03-27-00. LJN

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

PLEASE SEE ATTACHED.

(LEGAL AFFIDAVIT)

19th Day of March, 2000

DANIEL J. DOYLE ESQ.

OFFICE OF ATTORNEY GENERAL

15TH FLOOR, STRAWBERRY SQUARE

(OO. 3025)

- EXHAUSTION MEASURE -

Harrisburg, PA 17120

(COUNSEL FOR STATE - DR. O'CONNOR, R.N. NAUROTH, SUPER: JOSEPH C. CHESNEY)

GREETINGS MR. DOYLE,

I AM WRITING YOU, TO MAKE YOU AWARE, I FINALLY SAW THE NEUROSURGEON TODAY, AND TO AFFIRM ALL THAT WAS (OR) DID TAKE PLACE IN SAID MEETING, I FEEL TO NEED TO DO THIS BECAUSE, DR. O'CONNOR AT S.C.I. FRACKVILLE OFTEN CHANGES SPECIALIST "ORDERS" AND FOR "RECOMMENDATION", WHICH IS UNLAWFUL AND I BELIEVE HIMSELF AND HIS ADMINISTRATION WILL STOP AT NOTHING (OR) IN MOST CASE NOT, TOO DENIAL PROPER MEDICAL TREATMENT, FOR COST, DISCRIMINATION AND MANY OTHER PURPOSES. ALL MY ALLEGATIONS AND NEED MEDICATIONS AND SURGERY WE'RE AFFIRMED BY THE SPECIALIST TODAY, AS DR. O'CONNOR ALREADY KNEW, BUT BEFOREHAND DELIBERATELY DENIED ME." THE SPECIALIST "ORDER" STRANGER PAIN MANAGEMENT MEDICATIONS "OXYCONTIN" AND ALSO RECOMMENDED I HAVE A (2) DISC SPINAL FUSSION WITH FOLLOW-UP PHYSICAL THERAPY AND FOLLOW-UP SPECIALIST TREATMENT...!! "I REQUEST ALL SPECIALIST ORDERS BE FOLLOWED". I DON'T NEED TO TELL YOU SIR, HE HAS MADE A MESS OF MY MEDICAL SITUATION, HE LEAVES YOU TO CLEAN ALL THIS UP IN THE COURTS, I'M GIVING YOU NOTICE NOW, PLEASE DON'T PERMIT HIM TO PUT MY HEALTH AT RISK ANY FURTHER I AM TRYING TO REMEDY THIS SITUATION. HE STILL ALSO IS REFUSING ME A "LIVER Biopsy" FOR MY HEP.C. TERMINAL ILLNESS - (ALSO)... I FEEL ONLY GOING PUBLIC CAN ASSIST THIS SITUATION QUICKLY, AND STOP THE INJUSTICE'S DONE, BUT I'LL WAIT YOUR RESPONSE FOR (30) DAY. PLEASE KNOW I'LL ASSUME ALL MY MEDICAL COST UPON MY RELEASE AND ASSIST ME WHEN ABLE, PLEASE SPEAK TO YOUR CLIENTS.

*SWORN TOO:

RESPECTFULLY, Jeffrey Paul Moser 3/19/2000

* CASELAW IN SUPPORT OF FACTS AT HAND...

- SPECIALISTS "order" (or) Recommendations - (must BE FOLLOWED)

(Hamilton v. Endell, 981 F.2d 1063 (9th Cir. 1992))

(A)op - (Disregard of Surgeon's Direction Constitute Deliberate Indifference -

(Washington v. Dwyer, 860 F.2d 1018, 1018-21 (11th Cir. 1988) SAME AS (A)op)

(Martinez v. Marcusp, 443 F.2d 921, 923-25 (2d Cir. 1970)) SAME AS (A)op.

Williams v. O'Leary, 805 F.Supp. 634, 638 (N.D. Ill., 1992) SAME AND THEN SOME (A)

(Harris v. Thigpen, 941 F.2d 1495, 1509 (11th Cir. 1991)); (Langley v. Coughlin, 888 F.2d 252, 254, (2d Cir. 1989)) - Prison official must provide adequate facilities

Equipment for NECESSARY medical CARE. "This includes medication dispensing, which in

NO CASE SHOULD "medication Dissemination BE ACCEPTABLE Lawful Behavior".

(Green v. Carlson, 446 U.S. 14, 64 LEDad 15, 100 S. Ct 1468 (1980))

- Suit Against Prison Warden For Money Damages, (Medically Related) - U.S. Supreme Ct. Ruling

(Johnson v. Clinton, 763 F.2d 326 (8th Cir. 1985))

- CRUEL AND ~~unusual~~ unusual Punishment CLAIM - DENIAL OF Proper Medical Treatment - Surgery - ect. 8th Amendment Violation AND MORE.

(Weaver v. Clark, 45 F.3d 1253 (8th Cir. 1995); Harris v. Coweta County, 21

F.3d 388 (11th Cir. 1994)) Prison official violates Eighth Amendment By BEING

Deliberately Indifferent Either To Prisoner's Existing Serious medical Conditions

Posing Substantial Risk of SERIOUS Future Harm. NOTE: This Caselaw also covers

THE DELIBERATE INDIFFERENCE Shown "When THE Blatantly REFUSE ALL INMATE A

"Liver Biopsy" When They Know THE Prisoner Has (hepat.) THEY ARE SAVING MONEY

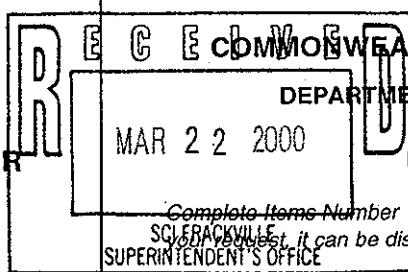
While Putting OTHER in Future Harm. (SPECIAL ISSUE FOR myself included)

(COPIED - DATED - WITNESSED)

DC-135A

- LEGAL -

INMATE'S REQUEST TO STAFF MEMBER



1. TO: (NAME AND TITLE OF OFFICER) <i>SUPERINTENDENT Joseph C. Chesney</i>	2. DATE <i>21 MAR. 2000</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>JEFF MOSEK BE4713</i>	4. COUNSELOR'S NAME <i>Dudeck-</i>
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A-A-22</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Greetings Sir,

I would like to know "will it be your contention the further legal proceeding that you knew nothing of Ms. Nauroth and Dr. O'Connor actions, when they refused me, proper pain medication, stalled neurosurgeon appointment, left me without means to tend my incontinence, refused and/or total sought to stop all mental health services and medications to me, and refuses any treatment (as) Liver Biopsys for Hep C.

Well Please take notice now, I once again make you aware of all these horrible conditions and medical neglect, with your full knowledge thought less exhaustion measures. I am told I will continue to be refused the specialist "order" meds and treatment, regardless of need.

I pray for a public trial - Please contact me with your contentions, so we may seek remedies to the situation. Prisoners are Human Beings.

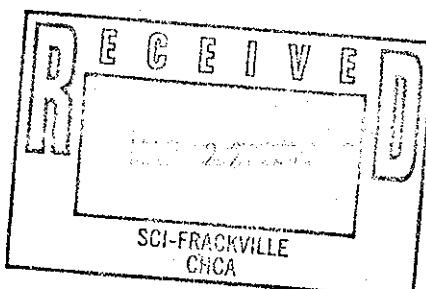
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

*Please respond timely, God Bless
you and yours. J. Mosek.*

*3/22/00
Mr. Mosek -*

No Adm

See Response to Grievance FRA-0102-00
Dated 03-27-00. LJN

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

*Legal Medical
REQUEST*

(Date forwarded/receipt)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Ms. Alceworth (Medical Adminsistrator)

2. DATE

7/19/00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK, BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Upon Extensive Studies of Research material on "Hep C" THE EFFECT, THE TREATMENTS, and Medications, I Find you ARE IN ERROR, AS stated BEFORE, By Dr. Moyer, I would hate to THINK THIS IS EXTENTED AND Indifference To SERVE THE D.O.C. Means At THE Cost of Inmates Lives, what I am referring to ma "am, You must Do a Liver Biopsy (R&A count) Before administering any medication for Hep C. AS WELL AS TO TELL How much Liver Function ONE has, Documented fact is you Can't ASSESS THIS By A MERE Blood Test, which by the way we Can only GET every 6 months. This Should Be Standard operating PROCEDURE TESTING, AS IT would Be Criminal To IGNORE THE ILLNESS (or) TREAT IT without proper Biopsy testing. I understand you Don't have THE FACILITIES HERE TO Properly administer (Intervene ALFA-2a) Treatment Here, But IF you Do, Should you HAVE A LIVER Biopsy Done First. I would Think so. PLEASE SCHEDULE ME FOR A LIVER Biop... (cc) "In Writing" Explain why I'm Being refused, THANK you kindly! J. Mosek.

See Response to Grievance FRA-0102-00 Dated 03-27-00. LJN

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598Dated | COPIED | WITHHELD
Submission —
11/18/2000
With: Paul W.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0102-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. Frackville	24 March 00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSSEK REY 713	<i>Mossek Rey</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On the 20th of March 2000, I finally receive a three-surgeon consultation, in such he affirmed that: My Back has advanced, from previous dated (MAR. 1) '98 that I NEED A Spinal Fusion at second levels, and to be on "asymptomatic" pain medication, for SOURCE pain, AS THE PRESENT MEDICATION would not be effected, in light of my serious injury, I check today and was told that the specialist orders never make it into my medical file? I formal, legally demand my medication as is the law, you ARE TO ABIDE by law with all specialist orders, IT IS unlawful to tamper with my records, ALSO, I ALSO REQUEST my Gregory and full physical therapy (3 to 6) of care are required by law. I HAVE BEEN DENIED ALL TO DATE. IT WAS FURTHER STATED OR NO TIME SHOULD I HAVE BEEN ON ICE AND SNOW AND I HAVE INCONVENIENCE FROM NEURUE DAMAGE, YOU RECENTLY REFUSED TO TREAT "NEW" CIVIC VIOLATIONS. (wrote: Daniel Doyle /for Frackville) (Wrote Mr. Chen, (spoke to Mr. FORR) (ASK can't we SOLVE SPECIALIST ISSUE(S) FROM INST. HARASSMENT) IT WILL BE MY INTENTION TO HOLD ALL INVOLVED RESPONSIBLE IN THESE PERSONAL CASE (and) (any)

B. Actions taken and staff you have contacted before submitting this grievance: A condition you knew needed treated. (NEGLECT)
 EXHAUSTED ALL ISSUE prior to specialist EXAMINE, now I proceed to EXHAUST "New" Civic Violations. (wrote: Daniel Doyle /for Frackville) (Wrote Mr. Chen, (spoke to Mr. FORR) (ASK can't we SOLVE SPECIALIST ISSUE(S) FROM INST. HARASSMENT) IT WILL BE MY INTENTION TO HOLD ALL INVOLVED RESPONSIBLE IN THESE PERSONAL CASE (and) (any)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville

(570) 874-4516, Ext. 187

June 22, 2000

SUBJECT: Request Slip Dated 06-21-00

TO: BE-4713, Jeffrey Moser

FROM: 
Linda J. Nauroth
Health Care Administrator

I am not the ADA Coordinator for Eastern Pennsylvania. I am the ADA Coordinator for SCI Frackville.

Yes, I did send you the information on how to request accommodation under ADA on 06-13-00, just as I answered your request slip. I put your responses in the mail just like I do for every other inmate. It is not my responsibility to hand-deliver.

LJN/sr

cc: File

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
MS. Nauroth Medical	12/06/00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
MOSER RE 4713	
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
	A-A-22
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

MS. Nauroth,

I spoke to Mr. Forer today, He said you were suppose to have sent me some forms to file out, to get my A.D.A. And Rehab. Act. information. I didn't get them, Please forward them to me immediately as you are THE RESPONSIBLE A.D.A. COORDINATOR FOR EASTERN PENNA. (D.O.C.s) If you say I got my last (3) REQUEST SLIP BACK, No I didn't, Please assure I do this time

THANKS

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

See Response Dated 06-22-00. LJN

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
(570) 874-4516
July 3, 2000

SUBJECT: Request Slips dated 26 June, 28 June
And Grievance FRA 0294-00

TO: Jeffrey Moser, BE-4713

A-A-32.

FROM: *Bruce K. Smith*
Bruce K. Smith
Deputy Superintendent
Centralized Services

Superintendent Chesney is on leave. I am in charge in his absence.

The only purpose to be served by a personal interview would be to gather additional information. Considering the volume of material at hand, it appears extremely unlikely anything new would be revealed.

I have reviewed the medical file and have discussed your treatment with Dr. O'Connor and Mrs. Nauroth. I see no evidence of discrimination or retaliation. I do see clear evidence of libel in your statement that Dr. O'Connor is "intentionally harming and killing inmates." I remind you that neither DC-ADM 804 nor the First Amendment to the Constitution of the United States relieves you of responsibility for your statements.

You were seen by an oral surgeon regarding what you refer to as "stone and infection in the throat gland."

Your claim that "No treatment at all" resulted from this consultation is a lie. Antibiotics and a regimen of massage were prescribed. You did comply with the medication order. Only you know whether you followed up on the instructions for massage.

The oral surgeon did suggest an E.N.T. consultation. Dr. O'Connor determined that because there was no evidence that the gland was malfunctioning, any surgery would be elective. Nowhere in the record is there mention of this condition causing cancer.

William Storm's medical condition is not at issue here. At this time, I am not aware of litigation regarding his medical care.

You were seen by a neurosurgeon regarding your back pain. The outcome of this consultation was a recommendation for surgery, which you have refused. Dr. Nakkache suggested Oxycontin, 20 mg or 40 mg, bid. (Consults do not result in "orders" unless

Jeffrey Moser, BE-4713

**Page Two
July 3, 2000**

approved by the Medical Director). The surgery was approved, morphine was not. Follow-up with Dr. Nakkache revealed that the source of the suggestion for pain-management-by-morphine was your request.

Your assertion that there is no pain management in your case is another lie. A multi-disciplinary team reviewed your situation, including Dr. Nakkache's (your) recommendation, and arrived at a pain-management plan, which includes powerful, but less physiologically addictive, drugs.

By way of review, one can see that you have been offered treatment (surgery) which has been approved as a needed procedure which should substantially reduce pain and dependence on drugs, and that instead of long-term corrective action and relief, you demand morphine, and plenty of it, which will provide no corrective or therapeutic effect, and no relief beyond the duration of the next dose.

Regarding Mr. Humphrey, your assertion that he was prescribed Vicodin in exchange for not requesting surgery is another lie. His pain-management plan also resulted from a multi-disciplinary consult, and surgery has not been ruled out. Your allegation that he was coerced to silence by threat of having his pain medication cut is yet another libelous statement, easily proven untrue; Q.E.D. 1) Obviously he did not remain silent. 2) He's still taking Vicodin.

With regard to ADA claims; as noted in the reply to your appeal on Grievance FRA-294-00, you continue to insist your "rights" are being denied in spite of the fact you have yet to make a cogent, reasonable request for accommodation.

Perhaps I can be of some assistance in resolving this part of your complaint.

First, be advised that no one is duped or misled by incomplete information. What your family claims to have heard from federal authority notwithstanding, SCIF did request medical records from your treatment in Phoenix, that request was acknowledged in writing, and we have received the requested information. (Trust me on this. I have held these documents in my hands, read them, and the fact that Mr. O'Connor has reviewed them is a matter of record).

Second, you must understand that A.D.A. does not require that we obsequiously grant your every wish. SCIF is in compliance with the law if (1) you are provided the means to state your disability, to describe how the disability effects your Major Life Activities, and (b) the request for accommodation is evaluated and if reasonable and effective, granted, and, (c) of course, you are advised of the outcome of the evaluation and decisions. (ADA Request enclosed – 3rd time.)

I am aware of what Cauda Equina Syndrome is. I am also aware Dr. Nakkache found no evidence of it on March 20th, and there has been no other evidence of incontinence. In the

Jeffrey Moser, BE-4713

**Page Three
July 3, 2000**

federal medical record, there is reference to a single episode of incontinence "possible" Cauda Equina, secondary to a fall. The prescribed treatment was to take it easy for 4 days before resuming normal activity. I believe that was in 1998. There are, and have been, incontinent inmates at SCIF, even pre-ADA, and there was no problem in accommodating their needs.

You need to calm down and make a couple of basic choices:

Column A

Therapeutic/Restorative procedures to enhance ability and relieve pain.

Mature discussion of facts and effective solutions to problems.

Assume responsibility for self; make the most of what is available.

Column B

Increasing dependency on narcotic drugs.

Childish tantrums, lies, irrational demands, descending spiral of frustration.

Abdicate responsibility and authority blame everyone else for your poor decisions.

The choice is 100% yours. It should be a no-brainer for a smart fellow such as you.

BKS/hs
enclosure

cc: Supt Chesney
CHCA Nauroth
DC-14
file

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
(570) 874-4516, Ext. 187

SUBJECT: Request Dated

TO:

FROM: Linda J. Nauroth
Health Care Administrator

Please note the following definitions as found in DC ADM 006, Reasonable Accommodations for Inmates with Disabilities:

Qualified Disability: Physical or mental impairment that substantially limits one or more major life activities.

Major Life Activities: Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

Reasonable Accommodation: Modification or adjustment to a job or work environment that will enable a qualified applicant or employee with a disability to participate in the application process or perform all essential job functions and which does not create an undue hardship for the employer.

Please note that having a diagnosed medical problem does not necessarily mean that a person has a disability. Also, note that "reasonable accommodation" does not include medical treatment or referral to a specialist. Finally, please note that while Frackville does not have an on-site infirmary, infirmary care is available to any Frackville inmate who needs it. For this reason, the "accommodation" of transfer to a facility that has an infirmary is not an option.

Based on the above information, please resubmit your request slip, stating specifically:

1. The nature of your disability;
2. How that disability affects your major life activities;
3. What reasonable accommodation is requested? How will that accommodation allow you to perform major life activities that you cannot currently perform?

LJN/sr

Attachment

c: File

ada-memo.frm

*This is the form I sent
to Mr Moser*

DC-804

PART 1 (Personal & Confidential)

*Submission of Wk
Witnessed - R. Wolf*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

22
LEGAL EXHAUSTION
DOCKET NO. PLEASE

(copy/witnessed/dated)
OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR <i>Medical</i>	INSTITUTION <i>SCE - FRACKVILLE</i>	DATE <i>6-12-00</i>
FROM: (Commitment Name & Number) <i>BE4713 MASEK</i>	INMATE'S SIGNATURE <i>JEFF MASEK</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A - A - 22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I REPEATEDLY WRITE MEDICAL AND NEVER RECEIVE A RESPONSE ASKING ABOUT "Hep C." TREATMENT AND BLOOD TESTING AND ABOUT THE OPERATION ON MY THROAT WHICH I HAVE NEEDED FOR OVER 14+ YEARS! I AM 35 YEARS OLD AND DUE BLOOD SCREENING (S.B.A. TESTING) FOR PROSTATE PROBLEM WHICH IS RECOMMENDED DUE TO MY AGE AND SPINE TUMOR.

ALL THE ABOVE ARE LONG OVERDUE NEEDED MEDICAL TREATMENTS.

THIS IS JUST ANOTHER BLANKET EXAMPLE OF THE MEDICAL DEPT. MEDICAL NEGLECT AND IGNORANCE MY MEDICAL NEEDS. AS THIS STAFF CAN ONLY STATE "SUE US" BY ACTIONS, IT IS BLANKET DISRESPECT OF MY MEDICAL NEEDS, THE TAXPAYERS MONEY. YOU ARE IN VIOLATION OF THE REHAB ACT & A.D.A. ON ALL ACCOUNTS, AND GRIEVES OF CRIMINAL

B. Actions taken and staff you have contacted before submitting this grievance:

NEGLECT. I AM LEGALLY DISABLED... SPOKE WITH MS' NAVARRO 5/00 (Lobby) (1) REQUEST SHIPS, (2) PA. VISITS SPOKE TO MR. FORD 5/00 ABOUT MEDICAL NEEDS, (3) REFUSED SHIP.

Retained Lawyer, Doffman Esq. To provide (was review legal action).

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Copy to un.

Date

A.D.A. Complaint (1990)

DC-804

PART 1 (Personal & Institutional) COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA. 17001-0598

(Dated 10/18/2000 Copied)

OFFICIAL INMATE GRIEVANCE

LEGAL EXHAUSTION
PLEASE DOCKET #

GRIEVANCE NO.

FRA-0299-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
BE4713 MYSER	Jeff Myser	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
NONE offered	A - A - 22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM LEGALLY DISABLED, I AM CERTIFIED SO, BY THE FEDERAL AUTHORITIES, AS HABEAS ACT AND THE ADD-A OF 1990, S.S. Administ. BECAUSE OF MY SPINAL TUMOR (SEE: SOUTHERN J. HAVEN 960 F. Supp. 893 (E.D.Pa. 1993)) AND BECAUSE I HAVE A TERMINAL BLOOD BORN ILLNESS (Hep. C.) (WHICH AIDS, H.S.T. AND HEP. C. ARE A.D.A APPLICABLE) SCI-FRACKVILLE DOES NOT COMPLY WITH THE STANDARDS OF LAW, IN REGARDS TOO: (REASONABLE ACCOMMODATION) (Facilities TO ACCOMMODATED DISABLED PRISONERS MEDICAL, & REHABILITATIONAL) EMPLOYMENT, HOUSING, RECREATIONALLY, ETC... THEREFORE, I AM EXTREMELY DISCONTENTED ALMOST BECAUSE I AM DISABLED AND SUFFER GREAT MEDICAL PLEBISCITE, IN VIOLATIONS OF THE ADD-A AND HABEAS ACT. THESE ACTIONS OF I AM DIFFERENTIVE OF CLAIMS AGAINST THE DISABLED, I DO

B. Actions taken and staff you have contacted before submitting this grievance:

PRE-EXHAUSTIVELY REQUESTED ACTIONS TO CORRECT THIS TAKE PLACE IMMEDIATELY! THURSDAY, 10/13/00.
 (Brought ISSUE TO med. Admin 12/99) (complaint was ignored) (3) REQUESTED (None answered) (Letter from Admin to Superintendent (Hessey before NO ANSWER TO DATE) WRITE Disability Panel Pa. 6100 SEVENTH STREET? Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
Camp Hill, PA 17011

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. FRA-0294-00

TO: (Name & DC#) Jeffrey Moser BE-4713	INSTITUTION: SCI-Frackville	QUARTERS: A-A22	GRIEVANCE DATE: 06-12-00
--	--------------------------------	--------------------	-----------------------------

The following is a summary of my findings regarding your grievance:

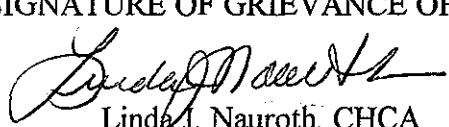
As I told you in response to your request slips to Superintendent, you have never requested accommodation under ADA. I have sent you the paperwork to do so. Your record contains no documentation that you are "legally disabled" nor is there any "certification".

You have the policy. I'm sure that you can see from reading it that accommodation is not a generic term for treatment and/or rehabilitation. Rather, it is specifically "a modification or adjustment to a job or work environment. . ." Follow the instructions on the paper I sent you. State specifically which major life activities are affected and what accommodation is requested. Yes, DOC policy does meet the requirements of law.

I have responded to every request slip you've sent me. You have not always liked my answers (like you, I keep copies of everything). Not granting you every request is not the same thing as ignoring your medical needs. For example, your need for surgery is very real, but you refused it.

cc:

DC-15
File

Refer to DC-ADM 804, Section VIII, for instructions on Grievance System Appeal Procedures	SIGNATURE OF GRIEVANCE OFFICER:  Linda J. Nauroth, CHCA	DATE: 6/14/00
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A.D.A. Complaint (1990)

DC-804

PART 1 (PERSONAL & CONFIDENTIAL)

Submissions
Witnessed by [Signature]
S.R. Wolf

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

LEGAL EXHAUSTION
PLEASE DOCKET #

(DATED/POSTED/COPIED)

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
BE4713 MOSER	Jeff Moser	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
NONE offered	A - A - 22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM LEGALLY DISABLED, I AM CERTIFIED SO, BY THE FEDERAL AUTHORITIES, RETHOBO ACT AND THE A.D.A. OF 1990, S.S. ADMINISTERED BECAUSE OF MY SPINAL INJURY (SEE: SAUNDERS V. HOWELL 960 F. SUPP. 893 (E.D.PA. 1997)) AND BECAUSE I HAVE A TERMINAL BLOOD BORN ILLNESS (HEP. C.) (WHICH AIDS, H.I.V. AND HEP. C. ARE A.D.A. APPLICABLE) SCI-FRACKVILLE DOES NOT COMPLY WITH THE STANDARDS OF LAW, IN REGARDS TOO: (REASONABLE ACCOMMODATION) (Facilities TO ACCOMMODATE DISABLED PRISONERS MEDICALLY & REHABILITATIONAL) Employment, Housing, Recreational, ETC. THEREFORE, I AM EXTREMELY DISCRIMINATED AGAINST BECAUSE I AM DISABLED AND SUFFER GREAT MEDICAL NEGLECT, IN VIOLATION OF THE A.D.A. AND RETHOBO ACT. THESE ACTIONS OF INDIFFERENCE ARE CLAIMS AGAINST THE DISABLED, I DO

B. Actions taken and staff you have contacted before submitting this grievance:

{RESPECTFULLY REQUEST ACTION TO CORRECT THIS TAKE PLACE IMMEDIATELY! THANK-

(BROUGHT ISSUE TO MED. ADMIN 12/99) (CORRESPONDENCE IGNORED) (3) REQ. SHIP (NONE ANSWERED) (LETTER FOR BELOW TO SUPERINTENDENT HESNEY 6/2000) NO ANSWER TO DATE) WROTE DISABILITY BOARD PA. 6/2000 {EXHAUSTION MEET?

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

FORR

Ms. Henneth

Mosser C

6-13-00

DC-804-00

Submision by J.W.
Witnessed R.W.B.F.~~PART 1 (Personal & confidential)~~COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598LEGAL EXHAUSTED
DOCKET NO# PLEASE

(copy / witnessed / dated)

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR <i>Medical</i>	INSTITUTION <i>SCE - FRACKVILLE</i>	DATE <i>6-12-00</i>
FROM: (Commitment Name & Number) <i>BE4713 MOSER</i>	INMATE'S SIGNATURE <i>JEFF MOSER</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A - A - 22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I RECENTLY WRITE MEDICAL AND NEVER RECEIVE A RESPONSE ASKING ABOUT "Hep C." TREATMENT AND BLOOD TESTING AND ABOUT THE OPERATION ON MY THROAT WHICH I'VE NEEDED FOR OVER 1 YR NOW! I AM 35 YEARS OLD AND USE BLOOD SCANNING (S-B-A. TESTING) FOR PROSTATE PROBLEM WHICH IS RECOMMENDED DUE TO MY AGE AND SPINE FUSION. ALL THE ABOVE ARE LONG OVERDUE NEEDED MEDICAL TREATMENT. THIS IS JUST ANOTHER BLANKET EXAMPLE OF THE MEDICAL DEPT. MEDICAL NEGLECT AND IGNORING MY MEDICAL NEEDS. AS THIS WORK CAN ONLY STATE "SUE US" BY ACTIONS, IT'S BLANKET DISREGARD OF MY MEDICAL NEEDS, THE TAXPAYERS MONEY. YOU ARE IN VIOLATION OF THE RE-HAB ACT & A.D.A. ON ALL ACCOUNTS, AND GRIFT OF CRIMINAL.

B. Actions taken and staff you have contacted before submitting this grievance: NEGLECT. I AM LEGALLY DISABLED... SPOKE WITH MS. NAROTH 5/00 (Lobby) (1) REQUEST SLIPS, (2) PH. VISITS SPOKE TO MR. FOUL 5/00 ABOUT MEDICAL NEEDS, (3) REFUSED SUIT.

RETHINK MERRILL, DOLPHIN ETC. TO PROVIDE OVER REVIEW LEGAL ACTION.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804

PART-1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

DISABILITY INSTITUTIONS UNIT 100%
MAIL FORM 6119/00
OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FKA-0294-00

TO: GRIEVANCE COORDINATOR <i>App'd. To Superintendent</i>	INSTITUTION <i>SCI - Frankville</i>	DATE <i>October 00</i>
FROM: (Commitment Name & Number) <i>MURK, RE-4713</i>	INMATE'S SIGNATURE <i>Jeff Mosek</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-A-22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Background, Sir, All Facts Remain the same as original Grievance filed, SCI-Frankville Does not meet THE standards of THE A.D.A. and for "Rehabilitation Act" which is THE act THE A.D.A. was formed offed. Mr. Newirth make a "Statement" that THE A.D.A. / REHAB. ACT Does not apply to "Medical and/or Rehabilitation". This is a Blantout Lie, "Disabled" think about it. I need to say more - THE specific of your Discrimination are numerous and I have confidence, because of my Disability, I am not afforded a Shower, where I bathe myself, there are no Private Privacy (single cell) to wash my personals, I must do it in front of others very to much Embarrassment, B) I have no safety bars around my toilet use, Bed to catch myself when I fall C.) I am offered NOT Sixty Seconds of

Relief Therapy HERE BECAUSE you have not a Hospital (or) infirmary, I have a condition which permit me, to go trust with an infirmary, but this and your Medical "WILL allow Discrimination", as why I am in so much pain and have lot of THESE problems. Yes" THE A.D.A. REHAB. ACT applies to "Total medical treatment".

Your grievance has been received and will be processed in accordance with DC-ADM 804.

22:

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
Superintendent's Office
June 27, 2000

SUBJECT: Appeal from Initial Review
Official Inmate Grievance FRA-0294-00

TO: Jeffrey Moser BE-4713
AA-22

Joseph W. Chesney
FROM: Joseph W. Chesney

Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

Regarding the Americans with Disabilities Act, (ADA); you have not been denied any accommodation under this act. You have made no application for such accommodation, despite having been provided the means to do so (twice). If you comply with Mrs. Nauroth's instructions, your request will receive appropriate attention.

Regarding incontinence; your complaint has been investigated but no evidence of such a problem was discovered. You do have the means available to cleanse yourself without (extra) showers.

Regarding single-cell housing: this is a classification issue which you must discuss with your Unit Manager.

Regarding medical treatment; SCIF does have an infirmary and a full range of medical, restorative and rehabilitative services which are made available at the direction of licensed medical professionals. You have been offered treatment for your back problem, and have rejected same.

JWC/st

cc: Mrs. Nauroth
Mr. Forr
Mr. Rosato
DC-15
File

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0294-00

TO: GRIEVANCE COORDINATOR FINAL REVIEW	INSTITUTION SCI-FRACKVILLE	DATE 3rd July, 2000
FROM: (Commitment Name & Number) Jeffery Paul Moser BF4713	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT No Jobs made Available for the Disabled	QUARTERS ASSIGNMENT A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

SCI-FRACKVILLE DOES NOT COMPLY WITH THE A.D.A. ACT (or) REHAB. ACT, THEY ARE IN CONSENT VIOLATIONS & BLANTANTLY DISCRIMINATE TOWARDS THE DISABLED & MENTAL ILL... THEY PROVIDE ""NO"" SERVICE FOR THE DISABLED RATHER THEY HARRASS THOSE WHO ASK FOR ASSITANCE WITH ""NO"" COMMON RESPECT FOR INDIVIDUAL DIGNITY, PRIVACY , EQUAL ACCESS...

They are not set-up for the disabled here and refuse to comply and/or make any effort to assit those who are in need of Private Celling (Dignity & Respect & Privacy)

Bed Bars , toilet Bars, Employment, Vo-Rehab Services, Release Counseling ..

as welll as S.S.I. Assitance... They make a Mockery out of Medical services here and refuse the Disabled any kind of Pain Management or Phycial Therapy , Canes, wheelchairs, ECT..... I have Placed (2) Request for Services in and Both are Treat as they were "LOST IN THE MAIL" and ignored. Then the admin. states that if you refuse a operation, You are no longer Disabled ... When even after the operation I still shall

B. Actions taken and staff you have contacted before submitting this grievance:

be Very disabled.. And such is affirmed in Medical records... There is a tone here of retaliation towards the disabled, Such as some are shipped to Manahoy without there personal Legal property or Property, Phone service ect... So they drop there request or further suffer the wrath of Sr. O'Connor & Linda Nauroth & Mr. Smith .. Thank You

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
Superintendent's Office
February 1, 2000

SUBJECT: Appeal from Initial Review
Official Inmate Grievance No. FRA-0028-00

TO: Jeffrey Moser, BE-4713
A-A22

FROM: *Joseph W. Chesney*
Joseph W. Chesney
Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

As stated by Ms. Nauroth, neither she nor I can prescribe medication or order a Doctor to change his, for a patient. Here, as on the street, they prescribe what is necessary.

Ms. Nauroth also stated there is nothing in your record to indicate any additional injuries.

Your question/grievances have been adequately addressed.

JWC/ca

cc: DC-15
File

Submission witnessed and copied
DC-804
July 18, 2000

PART 1

R. H. W.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

*Appeal To THE —
— Superintendent —

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0028-00

Personal Interview REQUESTED

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
I.V. - APPEAL TO Superintendent	S.C.E. FRACKVILLE	01-28-2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Jeff W. Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

— (PLEASE SEE MS. MUNROE "written" Response in Block) (ALL OF THEM) —

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

For THE RECORD FRA-0028-00 GRIEVANCE #25 (2) Separate Grievances that the medical administration Consolidated into (1) GRIEVANCE NOT. So ALL Address Items AS ONE. (PLEASE SEE ATTACHED DOCUMENTS) As you CAN SEE I was BEING THESE FACTS, 1-) THE medical administration Knew (or were trying) THAT I could NOT Balance on THE ICE, & now Because of a spinal injury, * But Did nothing to Prevent further harm to me, or "forced" I fell on THE ICE, AS OF A RESULT OF THESE medical's admin. Neglect. I was injured worse AS A RESULT, AND Suffer increased PAIN ETC. (subjected further spinal injury). But Now I AM STILL REQUIRED TO Walk on ICE & Snow Daily, AS THEY (ARE NOT IF I Break my Back Again. (intentional indifference)) 2-) I DON'T WANT TO TAKE ANY MEDICATIONS, = NEED = I Need stronger pain medication which ARE Discriminated "Clearly" Against Negro (DA.) Documented, Regardless of THE NEEDS FA Ms. Munroes Clearly Does not want to RESOLVE THESE ISSUE'S "simply" By putting me in a SNOW ENCLAVE (Huntington, Western, Burkittsville, Etc.) For my own Physical Safety & Give me EFFECTIVE PAIN MEDICATION (Claims Davis addition) ANOTHER CONTRADICTION IT has Nothing to with my "Med. R. Requests and many Doctors before" Out of need, not want. One Contradiction after another. I CANT GET Adminstration relief, I've tried, Now I must SEE about THE FALL & misadministration.

B. Actions taken and staff you have contacted before submitting this grievance: *Person I don't have to walk across ice or 2 snow ENCLAVE (Huntington, Western, Burkittsville, Etc.) For my own physical safety & Give me* (SHE) *EFFECTIVE PAIN MEDICATION (Claims Davis addition) ANOTHER CONTRADICTION IT has Nothing to with my "Med. R. Requests and many Doctors before" Out of need, not want. One Contradiction after another. I CANT GET Adminstration relief, I've tried, Now I must SEE about THE FALL & misadministration.*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1: *R. V. L.*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

*APPEAL TO TIE -
- Superintendent -

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0008-00

Personal Interview REQUESTED

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
TIE - Appeal to Superintendent	S.C.F. FRANKVILLE	08-28-2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
MOSER BE4713	<i>Jeff Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
		A-A-22

INSTRUCTIONS: (Please see attached "written" response for details) (all of items)

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

To the record FRA-0008-00 Grievance was (2) Separate grievances filed with the medical administration (Consolidated Tasks) (1) grievance noted. So that allows them to file. (Please see attached documents) As you can see I was being deny those facts, 1.) The medical administration knew or were aware that I could not balance on the ice & should former of a spinal injury, * But still working on floor at Bathhouse down to me, especially I fell on the ice, as a result of that medical & admin didn't. I was injured worse as a result, and suffer increased pain etc. (subjected further spinal injury) But Ned & Mr. Sillie demanded to work on ice & snow daily. & they know not if I Permit my back injury (inconsistency) 2.) I don't want to take any medications, NEEDS & I need strong back medication which are prescribed & "strongly" about how (in.) documented, Regardless of the NEEDS & Mr. Abrooth clearly doesn't want to resolve THESE issues "simply" By putting me in a severe fatigue (humidifier, water, trash, lost, etc.) For my own physical safety & give me effective pain medications (Chloral Dextro additional) another condition is he has nothing to with my "M.D.s. Requests and many Doctor's Below" first of need, not want. One Inability after another. I can't get Administration action, I've tried, now & must SEE about the fall & information

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598FINAL APPEAL →

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0028-00

TO: GRIEVANCE COORDINATOR <u>FINAL Review Appeal</u>	INSTITUTION <u>FRACKVILLE</u>	DATE <u>7 FEB 2000</u>
FROM: (Commitment Name & Number) <u>Jeffrey Moseley BE4713</u>	INMATE'S SIGNATURE <u>Jeffrey Moseley</u>	
WORK ASSIGNMENT <u>NONE</u>	QUARTERS ASSIGNMENT <u>A-A-22</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

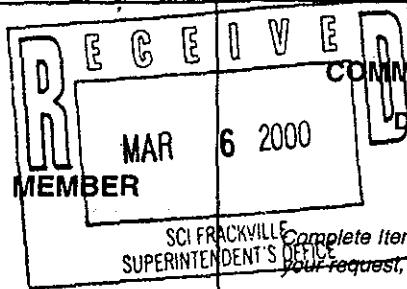
THIS Final appeal IS ENTHO IN GOOD FAITH, I DO want TO obtain relief without Civil Litigation, PLEASE REVIEW ALL THE ENCLOSED GRIEVANCE copies, AS THE SITUATION REMAINS THE SAME, THE FACTS ARE still A.) I STILL walk on ice and Snow Daily, without no consideration to my conditions (medically) AT FURTHER RISK TO MYSELF. B.) I was further hurt in THE ACCIDENT THAT occurred and I am NOT RECEIVING ANYMORE MEDICAL TREATMENT, THIS BELIEVE, WHETHER I AM Being Ignored. C.) I AM NOT RECEIVING EFFECTIVE PAIN MEDS BECAUSE OF THE MEDICATION DISCRIMINATION POLICY AT FRACKVILLE AND HAVE BEEN TOTAL CUT OFF MY "PAIN" FROM MENTAL HEALTH UNDER THE SAME POLICY IT HOW MS. NAVARRO says "I GOT LOTS OF SUITS AGAINST ME," JOIN THE PARTY! I Wonder How many ARE TAILED IN. ✓

B. Actions taken and staff you have contacted before submitting this grievance:

THE PUBLIC, KNOWN TO THE TAXPAYER, (AS WILL BE THE CASE WITH ME.) THIS IS A SYSTEM HENCE, THAT IS OUT OF HAND AND UNLAWFUL BUT THANKFULLY, I'VE BEEN ABLE TO DOCUMENT EVERYTHING. PLEASE CORRECT THE INJUSTICE IN A COUPLE SIMPLE STEPS. TO BOTH OUR Benefit. THANK YOU. ✓

Your grievance has been received and will be processed in accordance with DC-ADM 804.

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

1. TO: (NAME AND TITLE OF OFFICER)

Mr. York

2. DATE

5 Mar 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Moore, BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A - A - 22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir, I wanted to let you know, I was "ordered" by Sgt. Haggard to cut my hair this week, and will do so in violation of my religious beliefs. I have file a grievance, which was not the route I wanted to take, but was forced too, so I have no recourse but to enforce last court actions now. I have property I can't get out of the property room for weeks now, this all seems to be one deliberate act of indifference towards me after another. I wasn't going to seek (any) litigation (medicab's 1st amend.) enlighten of the fact, I hope to be released within the next several months, but what other option do I have to protect myself now? PLEASE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Continue to try to assist me, if you able to, it would be greatly appreciated.

God Bless. J. Moore.

You were scheduled but because of the ice storm the appt was cancelled. The storm was in late Feb & many places cancelled appt which included my dental appt. In the near future you will be going back out

JF 3-8-00

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

PTA AP
22

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Frackville
Superintendent's Office
January 19, 2000

SUBJECT: Appeal from Initial Review
Official Inmate Grievance No. FRA-0007-00

TO: Jeffrey Paul Moser, BE-4713
A-A-22

FROM: Joseph W. Chesney

Superintendent

Upon receipt of your appeal to the Initial Review of the above cited grievance, I have reviewed the original grievance and the response you received.

There is no documentation involved in how you are being treated.

Medical decisions are made by the Doctors; you are not being retaliated against.

You are being treated per current protocol and practices.

JWC/ca

cc: CHCA Nauroth

DC-15

File

Submission dated / witnessed -

DC-804 f. m. 1/15/00

PART 1 of 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

APPEAL TO Superintendent**OFFICIAL INMATE GRIEVANCE**

GRIEVANCE NO.

FRA
0007-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
<i>Jeffrey Mosen BE4713</i>	<i>J. M.</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	<i>A-A-22</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I HEREBY NOW APPEAL GRIEVANCE NO# 0007-00 FOR YOUR FULL REVIEW, I AM INDIGENT AND WITHOUT MEANS TO COPY ALL ORIGINAL COPIES, BUT STILL DUE, REVIEW AND DUE PROCESS RIGHTS, PROTECTIONS FROM 8TH AMEND. VIOLATIONS, PLEASE REVIEW COMPLETE GRIEVANCE, CONTEST AND MR. NAWROT RESPONSES. WITH THIS I BELIEVE YOU CAN SEE THE MEDICAL STAFF'(S) REFUSAL TO PROPERLY TREAT ME, AND THE MEDICAL DISCRIMINATIONS POLICY AT S-C-T-F. I DON'T ASK TO RETALIATED AGAINST MORE, IN THE FORM OF HAVING ALL MY MEDICATION STOPPED, I JUST WISH TO STAY ALIVE AS LONG AS POSSIBLE, IN AT LEAST SEVER PAIN AS POSSIBLE, ALL OF WHICH IS NOT THE CASE HERE BECAUSE OF (COST-N-DISCRIMINATION) ALSO HEP "C" IS A TERMINAL ILLNESS- "THERE IS NO CURE" OVER MEDICAL TREATMENT.

B. Actions taken and staff you have contacted before submitting this grievance:

This is an appeal, of a Grievance addresses Threw Mr. FARR AND RESPONDED TO BY MS. NAWROT, PLEASE REVIEW FILE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

Submission Dated/witnessed

JULY 1-16-00

DC-804

PART 1

WCS

R/M/J/ 116/00

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

*Appeal to Superintendent.***OFFICIAL INMATE GRIEVANCE**

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.F. FRANKVILLE	16th day. 2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
<i>Jeffrey Moser BE4713</i>	<i>Jeffrey Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I hereby now appeal grievance No. # FRA-0007-00 For your full review, I am indigent and without means to copy all originals needed for further litigation, But still Due Review and Due Process Rights and Protections from 8th Amend. Violations, "Please Review Complete FILE # Grievance Content. With this I BELIEVE ALL STATED IN ORIGINAL GRIEVANCE STANDS TRUE, which Ms. Nauroth STATES IT IS D.O.C. Policy TO Target certain medications, REGARDLESS OF THE NEED TO THE Patient, Policy overrule all, PLEASE NOTE I DID GET PROPER MEDS AT THE TAIST. I Come From, So Ms. Nauroth STATEMENT MAY BE IN ERROR, BE IT THAT, THE Medication Discretionary, Medication Notified Has only happened to me at S.C.F. FRANKVILLE AND Now Admin. Had TO BY THE Admin. I'm STILL NOT RECEIVING PROPER Designated medication (or) TREATMENT. AS

B. Actions taken and staff you have contacted before submitting this grievance: Ms. Nauroth AS MADE THIS PERSONAL TOWARDS ME. PLEASE REVIEW, CORRECT - THANK YOU.

This is an appeal, of Grievance addressed though MR. Force and responded to by Ms. Nauroth, PLEASE REVIEW FILE # 3 - Ms. Nauroths responses and actions.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Date witnessed

1-16-00

DC-804

PART 1 WCT

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Appeal to Superintendent

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.I. Frackville	10/16/00
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Jeffery Moser BE4713	<i>Jeffery P. Moser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I hereby now appeal grievance No. # FRA-0007-00 For your full review, I am indigent and without means to copy ALL ORIGINALS NEED for further litigation. But still Due Review and Due Process Rights and Protections from 8th Amend. Violations, "Please Review Complete FILE #3 Grievance Content. With This I BELIEVE all stated in original grievance stands true, which Ms. Nauroth states IT IS D.O.C. Policy TO Target certain medications, REGARDLESS of THE NEED TO THE Patient, Policy overrule all, PLEASE NOTE I Did Get proper meds at the taist. I come From, So Ms. Nauroth STATEMENT maybe in error, BE it that, The Medication Discremation, Medicinal Neglect Has only happened to me at S.C.I. Frackville and Now Admitted To By THE Admin's. I'm STILL NOT RECEIVING PROPER Designated medication (or) TREATMENT. AS

B. Actions taken and staff you have contacted before submitting this grievance:

Ms. Nauroth as made this personal towards me. PLEASE REVIEW, Correct - Thank you.

This is an appeal, of Grievance addressed though MR. Force and responded to by Ms. Nauroth, PLEASE REVIEW FILE #3 - Ms. Nauroth's responses and actions.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

1451 N. MARKET STREET

ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

March 7, 2000

Jeffrey Moser, BE-4713
SCI Frackville

Re: DC-ADM 804 - Final Review
Grievance No. FRA-0028-00

Dear Mr. Moser:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, VI D, as amended effective November 1, 1997, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review with the Bureau of Health Care Services.

Upon completion this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,



Robert S. Bitner
Chief Hearing Examiner

RSB:ph

pc: Superintendent Chesney

(Signature Dated/Witnessed)

1-16-00

DC 804

PART 1

WET

R 11/11/00 11/11/00

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

Appeal to Superintendent**OFFICIAL INMATE GRIEVANCE**

GRIEVANCE NO.

FRA-0001-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
	S.C.F. FRANKVILLE	16th Nov. 2000
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
Teffany Muser BE4713	<i>Teffany Muser</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
	A-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I hereby now appeal grievance No. # FRA-0007-00 For your full review, I am aggrieved and without means to copy all originals need for further litigation. But still Due Process and Due Process Rights and Protections From 8th Amend. Violations, "Please Review Complete FILE # Grievance Content. With this I believe all stated on original Grievance stands true, which Ms. Nauroth states IT IS D.O.C. Policy to Target certain medications, Regardless of THE NEED TO THE Patient, Policy overrule all, Please Note I Did Get Proper meds at the start. I come from, So Ms. Nauroth states me as maybe, in error, Be it that, I am not treated as patient, I am not taken care of what happened to me or. S.C.F. Frankville not now Admitted To By the Admin. I'm STILL Not Receiving Proper Designated medication and treatment. AS

B. Actions taken and staff you have contacted before submitting this grievance:

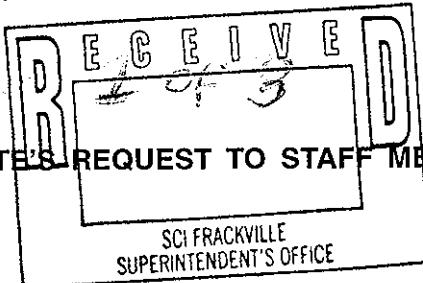
Ms. Nauroth as made this decision to appeal to
FILE # REVIEW & Contact - About you.

This is an appeal, of Grievance addressed! Through MR. Force and
 Responded to by Ms. Nauroth, Please Review FILE # Ms. Nauroth's
 Responses and actions.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

(INMATE COPY RETAINED)

DC-135A



INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>MIC. FRYER</i>	2. DATE <i>MAR. 2000</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>JEFFREY K. HESLER BE-4783</i>	4. COUNSELOR'S NAME
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>A - A - 22</i>
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>Dear Sirs, As I hope you already know, I have a complaint. I believe it is only proper to write you about your staff. You asked me what say, "Thank you sir, your assignment is appreciated". I am not like most inmates, I'm not of morphology unless it's a violent issue, and it's not my intention to sue the Doctor, I have no issue to them, and as long as I have summons issued to Administrate my complaints and "ADDRESS THEM" I will do my best to resolve the issue at your level, and they must be bring settled to your back, so I'm not totally happy with the outcome of my complaint on my Religious rights, as my last Chaplin came before and now I was denied, so now it's my Chaplin to proceed (or not further). But the good thing is that you addressed the problem.</i>	

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

There is a date in the near future for you to see a Dr and as for the other issue the Chaplin explained the procedure established by DOC to deal with hair issues relating to Religious

VF 3-13-00

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

Page 2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr. Fox

2. DATE

10/18/00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSCIL 854773

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Situation: You THAT I am APPRECIATION, I'm trying to let THIS ISSUE OF (REGULAR) FOOL AT THE TIME AS I havent more important Medical needs to deal with BUT I must be honest with you, AS YOU always try to be honest with you SEE AS IT IS just a part of Prison life that we fight a white Guy stands up for celonous freedoms In the Prison Eastern, They are "LABELED" a trouble maker, and Harasssed and treated with DELIBERATE INDIFFERENCE, For instance, as soon as you LEFT today Anti-Bruce (comes back off from work) call to make sure I had my shirt out, most likely because of it wasn't taken out of hopefully, essential me honest misundert. Now why was I informed to this mail, I don't know him, I was surprised because of "what I stand for my friends in you and for going to you with my problems" This I deserve to → P. 3#

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

DC-135A

= PAGE 3 OF 3 =

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MC. FEEK

2. DATE

10 MAY, 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSELR BE 4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

A-A-22

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

To Be Retaliated Against, So at This Time I Will Not Involve Indifference, But Will Watch my Back and Ask for your assistance in this, I also would like "your Continued Assistance with OVERSEETING my Medical Needs" I "Hep C" which I Assume I've had from OVER 10 years, which is not being treated other than a Blood Test Every 6 months, which is NO TREATMENT AT DCI, At Minimun I Should Be Monitor monthly, Next I came here needing a spinal fusion and on Heavy Pain Meds because I need them, (all to date have been ignored for the most part under Dr. O'Connors watch) I Believe if I had the strong pain meds offered by the Admin's I could still take costly surgery until I get out this summer "IF I MAKE IT", Thats the bottom line Sir, I don't want to "Live as Pain Free as Possible" the key word BEING "LIVE" Because untreated illness will kill you until I am out of your Hair, and Home with my Family (children) till I die, Dr. O'Connor is

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Why out of THE Lawful Limits on (Both) THESE ISSUES, so I will appreciate all your Help, as I just want what Right and Due to me medically, I don't want to be trouble to any body, But understand Sir, I must fight for what Right my LIFE, and Children Future, IF I CAN'T GET HELP AT THIS LEVEL, MAYBE SOMEDAY YOU'LL BE IN RENO AND I CAN SHOW YOU AROUND, THEN YOU would SEE I'm just a guy who loves his Family and God that does want to harm (or) cause trouble for no body, I just like that, once again thanks, your continued assistance is appreciated greatly, God Bless you & yours.

PLEASE GET BACK TO ME! J. Mosele,

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804

PART 1.

2 #

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

(Part 2 of 2 Pages)

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0072-00

TO: GRIEVANCE COORDINATOR <i>[Signature]</i>	INSTITUTION	DATE
FROM: (Commitment Name & Number) <i>Moser BE-4713</i>	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	<i>A-4-22</i>

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

With others out of ~~the~~ faith bases, which will be near impossible, due to the Barber shop is no manure equally divided among the races or religions so I must compromise another standard of faith and endure. I find it sad that after all fast litigation, that still only other races (other than white) can have their religious belief's honored in year 2020, I find it sad that even still if I'm white and claim my faith here, I am called a Racist, Nazi, Skinhead, Violent, Extremist, Etc. because I am white, (which could be further from the truth and is proven NOT TO BE TRUE IN GOD DOCUMENTS) I love God & ALL people, I just don't associate with all. Don't let the bad apples ruin THE Bunch! Now I am a Nuckery to THE STAFF, To Be Harassed and Discriminated Against For FILED THIS AND OTHER GRIEVANCE, Just ask (A) SGR. (3) And, won't manage THERE "Honest" opinion! I ASK YOU PUT A STOP TO THE "Deliberate Indifference" toward me and my

B. Actions taken and staff you have contacted before submitting this grievance: ~~RE/TC CON RE/WL PLEASE SAY NO MORE (SR)~~

* (SEE FIG. ONE (1))

Lifeline Further. I GOT CHILDREN whom NEED A FATHER, AND THATS my MAIN Goal. PLEASE TALK TO ME, I'm understanding and fair.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Submission Under seal
front 1 of 2 (Pages) - 23

Personal Interview Requested

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

FRA-0072-00

TO: GRIEVANCE COORDINATOR * MR. FORR	INSTITUTION S.C.I. FRANKVILLE	DATE 5 MAR. 2000
FROM: (Commitment Name & Number) MOSER BE-4713	INMATE'S SIGNATURE <i>J. Moser</i>	
WORK ASSIGNMENT NONE	QUARTERS ASSIGNMENT X-A-22	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

IN 1992, IT WAS MY UNDERSTANDING THAT IF I WAS IN THE P.D.O.C. (PA.) THAT MY RELIGIOUS BELIEFS WOULD NOT CANNOT BE DISCRIMINATED AGAINST DUE TO LITIGATION (MOSER V. CHESNEY) (SETTLEMENT SIGNED AFTER RELEASE) NOW AFTER 5 COME BACK TO THE SYSTEM, I DO NOT ASK FOR SERVICE, LITERATURE, BIBLE STUDIES, GATHERINGS ETC. ETC.. TO BE PROVIDED TO ME PERIOD. MY RIGHTS, I'VE KEPT TO MYSELF, ONLY ASKING NOT TO BE HARASSED (OR) DISCRIMINATED AGAINST (OR) RETALIATED AGAINST DUE TO MY 1ST AMENDMENT BELIEFS AND LITIGATION FOR THEIR RIGHTS. I ONLY ASK TO KEEP MY FAITH (RELIGION) AS IS THAT OF MY FAITH AND VOW OF THE FAITH (NO ADD OR. ALCOHOLIC USE. TAKING DRUGS.) NOW TODAY (SUNDAY) I WAS ORDERED BY STAFF HAGGAN TO HAVE IT CUT BECAUSE OF MY FAITH- (KNOWINGLY VIOLATING MY BELIEFS) ALSO IT IS AGAINST MY FAITH TO PRO-CREATE (OR) SHARE BODY FUNCTIONS, FLUIDS (OR) HAVING

—(pg 2#)— —continued →

B. Actions taken and staff you have contacted before submitting this grievance:

& I'VE TRIED TO WORK OUT A RESOLUTIONS WITH, (KOWSKI; BLOCK OFFICER,) (MR. HAGGAN) (LT. SOMER) whom went to Capt. Boyle (wrote me. Chesney.) (TALKED TO MR. FORR) ...

THANK YOU AND GOD BLESS YOU --

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date